

Case Number:	CM15-0180870		
Date Assigned:	09/22/2015	Date of Injury:	01/02/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old male with a date of injury on 1-2-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, lumbar spine sprain-strain, bilateral shoulder sprain-strain, status post open reduction internal fixation right ankle and pain related insomnia, anxiety and depression. According to the progress report dated 7-29-2015, the injured worker complained of increased pain to right ankle and shooting pain to right knee. He also complained of neck pain, bilateral shoulder pain and low back pain. Some of the progress reports were hand written and difficult to decipher. Per the treating physician (4-29-2015), the injured worker was to remain off work. The physical exam (4-29-2015) revealed prominent tender hardware lateral right ankle with decreased range of motion. The injured worker walked with a severe limp. Impingement test was positive left shoulder. The physical exam on 7-29-2015 documented range of motion measurements. Treatment has included surgery, left shoulder injection and medications. Current medications (7-29-2015) included Ibuprofen, Prilosec, Flexeril, Ambien and Menthoderm gel. The request for authorization dated 7-29-2015 included Flexeril. The original Utilization Review (UR) (8-19-2015) denied a request for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in January 2014 and is being treated for injuries sustained when he stepping in a hole with a twisting injury to the right ankle. He underwent ORIF of a right ankle fracture. When seen, there was decreased cervical, lumbar, shoulder, and ankle range of motion. There was pain with cervical range of motion. There was right knee tenderness with painful range of motion. He was also now having right elbow pain. Medications were refilled, including ibuprofen and Flexeril. Ambien was prescribed. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. There were no spasms recorded at the time of the request. Continued prescribing is not considered medically necessary.