

Case Number:	CM15-0181598		
Date Assigned:	09/22/2015	Date of Injury:	12/02/2011
Decision Date:	12/11/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

The injured worker is a 56-year-old female, who sustained an industrial injury on 12-02-2011. A review of the medical records indicates that the worker is undergoing treatment for reflex sympathetic dystrophy of the lower limb, abrasion of the left knee, peroneal nerve damage with contractures of the left foot and impingement of the right shoulder. Subjective complaints (06-05-2015, 07-16-2015 and 08-11-2015) included left lower extremity, right knee, right shoulder and left ankle pain rated as 8-10 out of 10. The pain was noted to be made better by "nothing." Pain medications were noted to be alleviated somewhat by current medications. The injured worker was noted to have significant difficulties with completing activities of daily living including changing positions, walking, housework, cooking, yard work, sleeping, recreational activities, feeding, bathing, grooming, dressing, reading and judgment. Objective findings (06-05-2015) revealed decreased range of motion of the right shoulder, positive Neer's and Hawkin's sign, weak grip strength bilaterally, mild diffuse tenderness of the left knee and great difficulty ambulating. Objective findings (07-16-2015) revealed decreased range of motion of the right shoulder with palpable tenderness. Objective findings (08-11-2015) included asymmetry, atrophy and deformity (inversion of the left foot and left toes), restricted range of motion of the left ankle and foot, tenderness, allodynia, decreased temperature in the left ankle and inability to bear weight on the left ankle. Treatment has included Neurontin, Tizanidine, Lyrica, Flexeril (since 03-25-2015), walking boot and physical therapy that were noted to have failed to significantly relieve pain. The injured worker was noted to be awaiting multiple surgeries to correct contractures of the left foot and the physical therapist noted there was a minimal amount

that could be accomplished without the surgeries. A utilization review dated 09-10-2015 non-certified a request for 60 tablets of Flexeril 10 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Flexeril 10 with 5 refills: 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): Muscle relaxants (for pain).

Decision rationale: The patient presents with left foot and ankle pain. The current request is for 60 Tabs of Flexeril 10 with 5 refills. The report making the request was not made available for review. However, the QME dated 08/16/2015 (18B) notes that the patient has been taking Flexeril since 03/25/2015. Medication efficacy was not documented in the reports provided. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. In this case, long-term use of Flexeril is not supported by the MTUS guidelines. The current request is not medically necessary.