

Case Number:	CM15-0182918		
Date Assigned:	09/23/2015	Date of Injury:	11/13/2007
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

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

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 68 year old female, who sustained an industrial injury on November 13, 2007. The injured worker was diagnosed as having status post right ankle open fracture dislocation requiring open reduction with internal fixation and subsequent hardware removal, status post right knee arthroscopy for the lateral meniscus tear, objectively confirmed sural and peroneal axonopathies, right trochanteric bursitis, and different industrial injury to the neck and right shoulder. Treatment and diagnostic studies to date has included physical therapy, medication regimen, above noted procedures, magnetic resonance imaging of the knee, electromyogram, magnetic resonance imaging of the right shoulder, magnetic resonance imaging four the cervical spine, and x-ray of the right ankle. In a progress note dated August 31, 2015 the treating physician reports complaints of stiffness and pain to the right ankle along with pain and fullness to the right knee. Examination performed on August 31, 2015 was revealing for tenderness to the right greater trochanteric bursa on the lateral hip, tenderness and fullness to the medial joint line of the right knee in the popliteal fossa, bony hypertrophy of the right ankle, numbness at the medial malleolus and sural distribution, and positive right shoulder impingement testing. On August 31, 2015 the injured worker's medication regimen included Norco (since at least September 2010) with the injured worker noting a pain level of a 5 to 7 out of 10 without the use of her medication regimen that decreases to a 2 to 4 out of 10 with the use of her medication regimen. The progress note on August 31, 2015 also noted that the injured worker had "better function for activities of daily living" with the use of the injured worker's medication regimen, but the progress note did not provide the specific activities of daily living.

On August 31, 2015, the treating physician requested the medication Flexeril at bedtime as needed for cramping and to facilitate with sleep. On September 09, 2015, the Utilization Review denied the request for Flexeril 10mg at bedtime with no refills with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, qHS; no refills requested Qty: 30: 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).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2007 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Flexeril 10mg, qHS; no refills requested Qty: 30 is not medically necessary and appropriate.