

Case Number:	CM15-0023242		
Date Assigned:	02/12/2015	Date of Injury:	07/01/2013
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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:

The injured worker is a 29 year old male who sustained a work related injury July 1, 2013. While driving a truck, he became unconscious, and hit a telephone pole. He complained of neck, upper back and left knee pain. He was treated with medication chiropractic and physical therapy. Past history included adjustment disorder with anxiety and depressed mood and completed cognitive behavioral psychotherapy. According to a primary treating physician's progress report dated December 10, 2014, the injured worker presented for routine follow-up with complaints of constant severe pain in his neck, right arm and left knee. He is undergoing chiropractic treatment. Objective findings included; weight of 277 pounds, tenderness right shoulder and left knee. Diagnoses included cervical strain neck and sprains and strains of knee and leg. Treatment plan included prescriptions for Norco, Flexeril and follow-up visit in February. Work status is documented as returned to work December 10, 2014 with restrictions; 6 hours a day 5 days a week. According to utilization review dated January 22, 2015, the request for Flexeril 10mg #30 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for severe neck, knee, and arm. Medications include cyclobenzaprine. 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, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.