

Case Number:	CM15-0023376		
Date Assigned:	02/13/2015	Date of Injury:	07/28/2011
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/07/2015

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 53 year old female sustained an industrial injury on 7/26/11, with subsequent ongoing bilateral shoulder, bilateral knee, neck, lumbar spine, right thumb and bilateral wrist pain. Magnetic resonance imaging lumbar spine (2/25/12) showed L4-L5 foraminal stenosis. Treatment included medications, physical therapy, aqua therapy, lumbar spine radiofrequency ablation, left knee replacement (2012), left knee arthrotomy and scar debridement (2013). In a PR-2 dated 1/5/15, the injured worker complained of lumbar spine, left knee, bilateral shoulders, neck and right wrist pain. The injured worker rated her pain at 8/10 on the visual analog scale without medication and 4-5/10 with medication. Physical exam was remarkable for tenderness to palpation in the paracervical muscles with mildly decreased range of motion, strength 5/5 and intact sensation, lumbar spine with tenderness to palpation in the paraspinal muscles and improved range of motion from the last office visit, right wrist with tenderness but good grasp and full range of motion and left knee with tenderness to palpation and swelling without evidence of instability. Current diagnoses included chronic left knee pain status post knee replacement, mild bilateral shoulder pain, lumbar spine pain and right thumb pain. The treatment plan included continuing medications (Percocet, Flexeril, Miralax and Ibuprofen) and obtaining a left knee brace and continuing water therapy. On 1/20/14, Utilization Review noncertified a request for Flexeril 7.5mg QTY: 60.00 noting lack of documentation of muscle spasms on physical exam and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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 three years status post work-related injury and continues to be treated for widespread pain affecting the neck, low back, shoulders, knee, and wrist. 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.