

Case Number:	CM15-0049738		
Date Assigned:	03/23/2015	Date of Injury:	08/30/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 49-year-old male, who sustained an industrial injury on 8/30/2013, while employed as a maintenance assistant. He reported pain in his neck, back, and bilateral upper and lower extremities, due to cumulative trauma. The injured worker was diagnosed as having chronic cervical strain with disc herniation, chronic lumbar strain with disc herniation, antalgic gait pattern, bilateral cubital tunnel per clinician exam, and bilateral knee sprain/strain, rule out internal derangement. Treatment to date has included conservative measures, including physical therapy, acupuncture, electrodiagnostic studies of the lower extremities, and magnetic resonance imaging of his cervical and lumbar spines, shoulders, hands, and knees. Currently, the injured worker complains of persistent neck pain, low back pain, bilateral elbow, bilateral hand, and bilateral knee pain. Pain was rated 8/10, and reduced to 5-6/10 with rest and medications. He took Norco for pain and Flexaril for paraspinal muscle spasms. Exam of the cervical spine noted decreased range of motion, tenderness to the bilateral trapezius muscles and suboccipital regions, and decreased strength (4/5) and sensation at C7 and C8. Exam of the lumbar spine noted decreased range of motion bilaterally, tenderness to the paraspinals, positive Kemp's sign bilaterally, and decreased strength and sensation at L4 and L5. Exam of the elbows noted positive Tinel's bilaterally and tenderness over the medial epicondyles. Exam of the wrists noted decreased range of motion, positive Tinel's bilaterally, decreased sensation at the medial aspects, and grip strength 4+/5. Exam of the bilateral knees noted flexion to 120 degrees, tenderness to the medial and lateral joint lines, and positive crepitus with range of motion. He was currently not working. The treatment plan included medication refills, with addition of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 49-year-old male with an injury on 08/30/2013. He has neck pain, back pain, knee pain, elbow pain and hand pain. He is treated with Norco and Naproxen. MTUS, Chronic Pain guidelines do not recommend long-term treatment with muscle relaxants. This medication may decrease mental and physical abilities. Also, there is no documented added efficacy when added to NSAIDS. Flexeril 90 tablets is not medically necessary for this patient.