MAXIMUS Federal Services

Case Number:	CM15-0051238		
Date Assigned:	03/24/2015	Date of Injury:	07/30/2008
Decision Date:	11/30/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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 76 year old male, who sustained an industrial injury on 7-30-2008. The medical records indicate that the injured worker is undergoing treatment for internal derangement of the right knee; status post meniscectomy. According to the progress report dated 1-7-2015, the injured worker presented with complaints of chronic right knee pain. The level of pain is not rated. The physical examination of the right knee reveals tenderness along the medial and lateral joint line. He has full extension of the knee and flexion is at 110 degrees. The current medications are Norco, Flexeril (since at least 6-4-2014), Naproxen, and Prilosec. Treatments to date include medication management, injections, and surgical intervention. Work status is described as currently not working. The original utilization review (2-18-2015) had non-certified a request for Flexeril #60 (DOS: 1-7-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication DOS 1/7/15 Flexeril 10mg #60: 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), Muscle relaxants (for pain).

Decision rationale: The patient presents on 01/07/15 with unrated right knee pain and compensatory left knee pain. The patient's date of injury is 07/30/08. Patient is status post total right knee replacement. The request is for medication dos 1/7/15 Flexeril 10MG #60. The RFA was not provided. Physical examination dated 01/07/15 reveals range of motion in the right knee to be full upon extension, 110 degrees on flexion, with tenderness noted along the medial and lateral joint lines. The patient is currently prescribed Omeprazole, Norco, Naproxen, and Flexeril. Patient is currently not working. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 12/03/14. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 60 tablets in addition to prior use does not imply the intent to limit this mediation to a 2-3 week duration. Therefore, the request is not medically necessary.