

Case Number:	CM15-0052585		
Date Assigned:	03/26/2015	Date of Injury:	04/16/2012
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/19/2015

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:

This 59 year old man sustained an industrial injury on 4/16/2012. The mechanism of injury is not detailed. Evaluations include left knee MRI dated 1/12/2015 showing a small meniscal tear. Diagnoses include right knee sprain/strain, status post multiple knee surgeries, left knee strain, and lumbar spine strain/sprain. Treatment has included oral medications. Physician notes dated 1/20/2015 show complaints of low back and bilateral knee pain. Recommendations include bone scan, laboratory studies, and lumbar spine MRI.

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 Page(s): 41.

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

Decision rationale: The patient is a 59 year old male with an injury on 04/16/2012. He has knee and back pain. MTUS, Chronic Pain guidelines do not recommend long term treatment with

muscle relaxants. Muscle relaxants may decrease both physical and mental abilities. Adding a muscle relaxant to NSAIDS does not provide any added pain relief. 90 tablets of Flexeril are not medically necessary for this patient.