

Case Number:	CM15-0056716		
Date Assigned:	04/01/2015	Date of Injury:	03/17/2009
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 64 year old, male who sustained a work related injury on 3/17/09. The diagnoses have included tennis elbow, lumbar degenerative joint disease, sciatica, sacroiliitis, chronic low back pain, left shoulder acromioclavicular degenerative joint disease, carpal tunnel syndrome, and lumbar radiculopathy. Treatments have included epidural triple block injection, bilateral shoulder surgeries, right elbow surgery, bilateral knee replacements, cortisone injection in right shoulder, medications, right sacroiliac joint injection and lumbar surgery. In the PR-2 dated 2/23/15, the injured worker complains of worsening back pain. He complains of severe pain in his right leg. He complains of ongoing bilateral shoulder, neck, arm and bilateral knee pain. He rates his pain an 8/10. He has muscle rigidity in lumbar trunk. He has limited range of motion in lower back and neck. The treatment plan is a refill of Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril
Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. Therefore the request is not medically necessary.