

Case Number:	CM15-0085600		
Date Assigned:	05/08/2015	Date of Injury:	02/25/2013
Decision Date:	06/18/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male with an industrial injury dated 02/25/2013. The mechanism of injury is documented as falling 6-8 feet down a ladder with injury to his left foot, fracture of the ankle, injury to left wrist and low back. His diagnoses included discogenic lumbar condition with facet inflammation and radiculopathy, intra-articular comminuted distal radius fracture - status post fusion attempt, patello femoral inflammation on the left, fracture of the talus and fibula - status post open reduction and internal fixation and chronic pain associated with stress, depression, anxiety, sleep and dysfunction. Prior treatment included surgery to left wrist and left ankle, group psychotherapy, physical therapy, wrist brace, TENS unit, injection into the wrist and medications. He presents on 04/01/2015, for follow up of low back, left wrist, hand and left ankle. Physical exam noted the injured worker could make a weak fist at best and his grip was no more than a few pounds. Significant tenderness is noted along the radioulnar joint. Treatment plan included a request for referral to psychiatrist/psychologist, nerve studies of the upper and lower extremities, garment for TENS unit, medications to include Flexeril and Neurontin and blood testing for liver and kidney function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the exam findings did not indicate spasms. The claimant had already been on NSAIDS. The 1-month supply exceeds the benefit window of Flexeril and is not medically necessary.