

Case Number:	CM15-0097922		
Date Assigned:	05/29/2015	Date of Injury:	08/17/2011
Decision Date:	07/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/20/2015

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 32 year old female, who sustained an industrial injury on 08/16/2011. She has reported subsequent low back, leg, knee and ankle pain and was diagnosed with chronic pain syndrome, lumbar degenerative disk disease with right L5 radiculopathy, right patella-femoral syndrome, right calcaneal fracture with nonsurgical treatment, chronic left lateral ankle sprain and right comminuted intra-articular right medial femoral condyle fracture status post screw fixation in 2011. Treatment to date has included oral and topical pain medication, Euflexxa injection, physical therapy, home exercise program and surgery. In a progress note dated 04/09/2015, the injured worker complained of worsening ability to ambulate, disruption of gait pattern due to increasing pain in different locations including the right anterior hip. Objective findings were notable for tenderness to palpation over the right anterior hip that worsened with resisted right hip flexion and an antalgic gait. A request for authorization of Flexeril was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 5 mg #60 with 1 refill is not medically necessary and appropriate.