

Case Number:	CM14-0117223		
Date Assigned:	08/08/2014	Date of Injury:	03/22/2011
Decision Date:	10/08/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male who reported an injury on 03/22/2011 after his right ankle and foot were run over by the wheel of a spiral cart. The injured worker ultimately underwent right ankle fusion. The injured worker's postsurgical treatment has included physical therapy and multiple medications. The injured worker was evaluated on 06/27/2014. It was documented that the injured worker had ongoing pain rated at 7/10 with medications. It was noted that the injured worker's medications did not cause any side effects. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's medication schedule included cyclobenzaprine 5 mg, naproxen 500 mg, Nexium 40 mg, and Norco 5/325 mg. Physical findings included restricted range of motion of the right ankle secondary to pain and tenderness to palpation over the medial and lateral malleolus with palpable hardware over the lateral malleolus. It was noted that the injured worker had painful weight-bearing of the right ankle. The injured worker's diagnoses included traumatic arthropathy of the right ankle, mild right chondromalacia of patella, mechanical lumbar spinal pain, right shoulder impingement, left first through third metatarsal joint pain, right foot pain versus metatarsalgia, non industrial second, third and fourth hammertoes. A request was made for refill of medications. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

Decision rationale: The requested cyclobenzaprine 5 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The California Medical Treatment Utilization Schedule recommends limiting the use of muscle relaxants to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbation of chronic pain. The clinical documentation submitted for review indicates that the injured worker has been on this medication since at least 01/2014. This exceeds guideline recommendations. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. Therefore, continued use of this medication would not be supported in this clinical situation. As such, the requested cyclobenzaprine 5 mg #30 is not medically necessary or appropriate. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the requested treatment is not medically necessary.