

Case Number:	CM14-0122126		
Date Assigned:	08/06/2014	Date of Injury:	03/31/2003
Decision Date:	10/14/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Management and is licensed to practice in Tennessee. 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 patient is a 58-year-old female, who has submitted a claim for chronic low back pain; left knee pain secondary to degenerative joint disease with iliotibial band syndrome and bilateral hand pain associated with an industrial injury date of March 21, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of hand pain and left knee pain. Physical examination of the left knee revealed tenderness along the joint line and laterally. Treatment to date has included Oxycodone, Prilosec, Lidocaine, Voltaren and Flexeril (since 2014). Utilization review from July 20, 2014 denied the request for Flexeril 10mg 1 tab PO qhs #30 however; reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab PO qhs #30: Upheld

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

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

Decision rationale: As stated on page 63 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Flexeril is recommended for a short

course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. In this case, documents reviewed showed that the patient was on Flexeril since March 2014. California MTUS recommends its use for a short course only, with its effect more effective within 4 days of treatment. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Flexeril 10mg 1 tab PO qhs #30 is not medically necessary.