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| Case Number: | CM14-0126423 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 04/01/2007 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 64 year old male who was injured cumulatively leading up to 4/1/2007. He was diagnosed with fibromyalgia, neck pain, spinal enthesopathy, bilateral medial epicondylitis, left lateral epicondylitis, and sleep disorder. He was treated with injections, opioid medications, topical analgesics, sleep aids, benzodiazepines, muscle relaxants (including Flexeril), medical food supplements, physical therapy, TENS unit, orthotics, braces, and psychiatric counseling. He was seen by his treating physician on 7/1/14 complaining of widespread pain rated 7-8/10 on the pain scale and reported that continued to have trouble sleeping at night. The worker was then recommended to continue his current medications, including Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg 1 QD #35/45 days body part blood disorder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Muscle relaxants (for p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic

pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the Flexeril had been used chronically before this request was made. It is unclear how effective it had been at reducing pain and increasing function as this was not specifically reported in the notes available for review. Regardless, Flexeril is not intended to be used chronically as such and is not medically necessary.