MAXIMUS Federal Services

Case Number:	CM14-0172909		
Date Assigned:	10/23/2014	Date of Injury:	07/14/2012
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Spine Surgeon and is licensed to practice in California. 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 39-year-old female who reported an injury on 07/14/2012 due to an unspecified cause of injury. The injured worker complained of right hip pain. The diagnoses included right hip internal joint derangement, osteoarthritis to the bilateral hips, and chronic back sprain/strain. The unofficial MRI scan of the thoracic spine, lumbar spine, and right hip was performed, with no report available for review. The unofficial x-rays of the bilateral hips revealed slight superior decreased joint space on the right joint and normal joint space to the left hip. However, lateral acetabular osteophyte formation was evident bilaterally, greater in the right hip. Prior treatments included injections, physical therapy, acupuncture, chiropractic therapy, gym, medications, heat, and ice. The objective findings, dated 09/17/2014 revealed no positive nonorganic (Waddell's) physical sign. Ambulated with a normal gait. Toe to heel walk was performed bilaterally. Standing inspection revealed normal thoracic kyphosis and lumbar lordosis. There was tenderness to deep palpation over the posterior superior iliac spine. Also noted was paraspinal tenderness around the thoracolumbar junction with no palpable spasms. The lumbar spine revealed flexion to 5 cm chin to chest distance measured. Extension was 75 % normal. The range of motion of the hip revealed flexion of 20 degrees bilaterally, extension of 180 bilaterally, and adduction of 30 degrees bilaterally. Motor strength was rated normal in all major lower extremity muscle groups; 5/5 in the tibialis anterior, peritoneal, and extensor hallucis longus strength on manual testing bilaterally. Light touch sensation was intact throughout the lower extremities. No dermatomal or stocking distribution sensory changes were present. Reflexes at the tibial and Achilles deep tendon reflexes were present and equal, with no evidence of spasticity, and plantar response was normal flexor bilaterally. The injured worker reported her right hip pain at 3/10 using the VAS. The medications included Neurontin, Flexeril,

menthoderm, and a TENS unit. The treatment plan included continuation of Flexeril 7.5 mg. The Request for Authorization, dated 10/23/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Flexeril 7.5 MG is not medically necessary. The California MTUS recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter course may be better, and that treatment should be brief. Per the documentation, the injured worker has been taking Flexeril since 04/06/2014, which exceeds the short-term guidelines. Per the guidelines, the greatest effect of the medication is within the first 4 days. The request did not indicate a frequency or duration. As such, the request is not medically necessary.