

Case Number:	CM14-0218125		
Date Assigned:	01/07/2015	Date of Injury:	06/27/2013
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 33 year-old female, who was injured on June 27, 2013, while performing regular work duties. On June 2, 2014, the injured worker had a computed tomography of the hips and pelvis, which revealed mild posterior joint space narrowing of both hips, without degenerative change. On June 23, 2014, the injured worker had hip surgery. On July 14, 2014, objective findings were found to be an antalgic gait, the injured worker no longer used a walker for ambulation, Babinsky's are downward bilaterally. The injured worker has received treatment including medications, surgery, and physical therapy. The records indicate the injured worker has been using Flexeril since at least July 2014. The request for authorization is for Flexeril 10 mg, quantity #90. The primary diagnosis is left hip labral tear, with femoral acetabular impingement, status post labral repair, left achilles flexion, musculo ligamentous sprain/strain, and lumbar spine. On December 11, 2014, Utilization Review provided a modified certification of Flexeril 10 mg, quantity #45, based on MTUS, Chronic pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG #90: Upheld

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

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

Decision rationale: The patient presents with hip pain rated 03/10 with and 07/10 without medication. The request is for FLEXERIL 10MG #90. Patient is status-post labral repair on 06/23/14. Physical examination revealed decreased range of motion to the left hip. A prescription for Flexeril was first prescribed on 11/17/14. Patient's diagnosis on 11/17/14 included left hip labral tear, with femoral acetabular impingement, s/p labral repair 06/23/14, left Achilles flexion contracture, and musculoligamentous sprain/strain, lumbar spine. Patient is totally temporarily disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In progress report dated 11/21/14, treater states that the patient presents with hip pain rated 03/10 with and 07/10 without medication. A prescription for Flexeril was first prescribed on 11/17/14. The patient has been taking the medication consistently at least since then. However, MTUS only recommends short-term use of muscle relaxants such as Flexeril. Hence, this request IS NOT medically necessary.