

Case Number:	CM14-0090704		
Date Assigned:	07/23/2014	Date of Injury:	02/18/2013
Decision Date:	09/21/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/16/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 61 year old female, who sustained an industrial injury on February 18, 2013, incurring right wrist and left foot injuries after slipping on a wet floor and striking her left foot and right wrist against a wall. Diagnostic imaging revealed a fracture in the right wrist and fractures of her left foot. She was diagnosed with a nondisplaced intra-articular fracture of the fifth metatarsal base. Treatments included anti-inflammatory drugs, muscle relaxants, proton pump inhibitor, right wrist and left foot casting, physical therapy, Electromyography studies, orthotics, and home exercise program and modified work duties with restricted activities. Currently, the injured worker complained of continued pain in the left ankle, left foot, and right wrist interfering with his activities of daily living. She noted pain in the left ankle and foot from prolonged periods of walking and pain in the right wrist with longer periods of writing. The treatment plan that was requested for authorization included a prescription for Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5mg #270 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are myofascial pain syndrome chronic; and left ankle/left foot and right wrist pain chronic. Date of injury is February 18, 2013. Request authorization is June 3, 2014. The earliest progress note with a muscle relaxant is dated May 3, 2013 with Zanaflex. According to a progress note dated August 26, 2013, the treating provider changed Zanaflex to Flexeril 7.5 mg. There was no clinical rationale for the change. The most recent progress note dated May 2, 2014 subjectively states the injured worker has pain in the left ankle and wrist. Objectively, there is no lumbar documentation with tenderness or spasm. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Most relaxants have been prescribed as far back as May 3, 2013 (in excess of two years). Muscle relaxants are recommended for short-term (less than two weeks) for treatment of acute low back pain or an acute exacerbation of chronic low back pain. There is no documentation of low back pain in the medical record. There is no clinical indication a rationale for Flexeril. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, muscle relaxants prescribed in excess of two years, and Flexeril prescribed in excess of 13 months, Flexeril 7.5mg #270 is not medically necessary.