

Case Number:	CM15-0018351		
Date Assigned:	02/06/2015	Date of Injury:	03/13/2012
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old female, who sustained an industrial injury on March 13, 2012. The diagnoses have included bilateral wrist pain, carpal tunnel syndrome, left shoulder chronic strain, left shoulder labrum tear, and left ankle pain, rule out complex regional pain syndrome. Treatment to date has included a wrist brace, x-rays, MRI, work modifications, and pain, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory medications. On December 3, 2014, the treating physician noted pain of the left shoulder, left knee, left hip, and left ankle. Her medications help the pain. The physical exam revealed tenderness to palpation of the left knee with full extension and flexion, and normal strength. The left hip exam revealed tenderness to palpation, limited range of motion due to pain and greater trochanteric bursa tenderness. There was a well-healed incision over the lateral compartment of the left ankle, tenderness to palpation over the lateral and anterior compartments, and limited range of motion. The left lower extremity nonvascular status was intact distally. The treatment plan included pain and muscle relaxant medications. On January 20, 2015, Utilization Review non-certified a prescription Flexeril (cyclobenzaprine) 10mg tablet, #60, one tablet every 12 hours as needed, noting the guidelines recommend non-sedating muscle relaxants with caution was a second-line option short-term treatment of acute exacerbations in patients with chronic lower back pain. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (Cyclobenzaprine HCL) 10 MG Tab, #60, 1 Tab Every 12 Hours As Needed:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril Page(s): 41-42.

Decision rationale: Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great in the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use may lead to dependence. According to the records, the patient has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.