

Case Number:	CM15-0112217		
Date Assigned:	06/18/2015	Date of Injury:	02/12/2012
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male injured worker suffered an industrial injury on 02/12/2012. The diagnoses included right knee arthroscopy 3/23/2013, meniscal tear of the right knee, and lumbar spine sprain/strain with multiple disc bulges. The diagnostics included magnetic resonance arthrogram of the right knee. The injured worker had been treated with surgery and medications. On 5/8/2015 the treating provider reported increased pain to the right knee and low back. He stated the low back pain continued to radiate down both legs with numbness and tingling sensations. He stated that the right knee buckled more frequently. On exam the lumbar spine had reduced range of motion with tightness and spasms of the lumbar muscles bilaterally. There was hypoesthesia on the foot and ankles with weakness of the big toe. The treatment plan included 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 #120: 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): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Therefore, the request for Flexeril 7.5 mg #120 is not medically necessary.