

Case Number:	CM15-0122926		
Date Assigned:	07/07/2015	Date of Injury:	05/09/2014
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 32 year old female who sustained an industrial injury on May 9, 2014. Many of the progress notes are hard to read due to it being hand written and have poor legibility. She has reported low back pain, left knee pain, and left lower extremity pain and has been diagnosed with lumbar sprain strain, industrial aggravation of lumbar degenerative disc disease at L5-S1, left knee sprain strain, left knee internal derangement with medial meniscus pathology, and industrial aggravation of the left knee degenerative joint disease. Treatment has included medical imaging, injection, physical therapy, chiropractic care, and TENS unit. She was unable to heel or toe walk. She was unable to squat or duck walk. There was tenderness to palpation on the left side particularly over the L4-5 junction with spasm. There was a positive squat test. X-rays were within normal limits with the exception of the left side at the medial aspect of the joint measuring 2.0 mm of space. The treatment request included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 41-42.

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

Decision rationale: Flexeril is Cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication for at least 1month. There is no documentation of improvement or any muscle spasms. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.