

Case Number:	CM15-0125412		
Date Assigned:	07/09/2015	Date of Injury:	10/07/2014
Decision Date:	08/06/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 72 year old female who sustained an industrial injury on 10/7/14. In a physical therapy note dated 2/3/15, it is reported that the injured worker complains of left groin/pubis pain, intermittent low back pain and difficulty walking. She states she fractured her left pelvis, it was non-displaced and is healing. She attributes the long healing process to her history of having diabetes. She states sitting in hard chairs aggravates her pain as well as lying down on either side. Pain ranges from 1/10 at rest to 8/10 with activity. Her gait is non-antalgic and she uses a cane. In a progress note dated 6/11/15, the physician reports she is being treated for chronic groin pain due to a left pubic ramus fracture and that he had a telephone conversation with the injured worker 6/11/15, in which she discussed the fact that she has increased pain. She had previously indicated that she is allergic to all pain medications, and was previously prescribed Flexeril 5 mg to use at bedtime for spasm and pain and she does not find this to be very helpful. Therefore, the dose has been increased. The injured worker reported that she is receiving another course of physical therapy in regard to her injury which will be completed in 2 weeks. The requested treatment is Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for over a month. Long-term use is not indicated and the request for an additional month of Flexeril is not medically necessary.