MAXIMUS Federal Services

Case Number:	CM15-0175091		
Date Assigned:	09/16/2015	Date of Injury:	03/10/2005
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 54-year-old male, with a reported date of injury of 03-10-2005. The diagnoses include disc herniation without myelopathy, discogenic lumbar condition with disc disease from L3 to S1, internal derangement of the bilateral knees, and chronic pain syndrome. Treatments and evaluation to date have included physical therapy, bilateral lumbar trans-foraminal epidural steroid injection on 03-10-2005, back brace, TENS unit, Norco, Flexeril (since at least 07-2014), Motrin, Gabapentin, chiropractic therapy, and right knee arthroscopy. The diagnostic studies to date have included an MRI of the right knee on 01-09-2013 which showed evidence of partial medial and lateral meniscectomy with suspected re-tear, degenerative changes of the lateral compartment, and areas of scarring; an MRI of the right knee on 05-28-2013 which showed small joint effusion; electrodiagnostic studies on 09-03-2014 which showed mild sensorimotor polyneuropathy of mixed type; a urine drug screen on 01-09-2015 and 07-07-2015; and an MRI of the lumbar spine on 09-07-2012 which showed minimal endplate and disc degenerative changes with subtle disc bulges. The medical report dated 08-03-2015 indicates that the injured worker had injuries to the low back and bilateral knees. His leg pain and low back pain has been less severe; however, he has quite a bit of knee pain. The x-ray of the right knee on 06-30-2015 showed 1-2mm articular surface; and an x-ray of the left knee on 08-03-2015 showed a less than 1mm on articular surface laterally more than medially. The objective findings include tenderness long both knees; full extension to 175 degrees bilaterally; flexion to 125 degrees bilaterally; pain in both knees medial and lateral joint line; positive compression test on the right and negative on the left; and positive McMurray's medially bilaterally. The

treatment plan included a prescription for Flexeril. The injured worker continued to work part-time for four hours. The request for authorization is dated 08-03-2015. The treating physician requested Flexeril 7.5mg #60. On 08-14-2015, Utilization Review (UR) non-certified the request for Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of Flexeril is not medically necessary.