

Case Number:	CM15-0060540		
Date Assigned:	04/06/2015	Date of Injury:	02/25/2011
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 62 year old male who sustained a work related injury on February 25, 2011, involving the lumbar spine and the right knee. He was diagnosed with lumbar degenerative disc disease, lumbar sprain, meniscal tear of the right knee. He underwent a surgical tricompartmental synovectomy. Treatment included physical therapy, anti-inflammatory drugs, muscle relaxants and bracing to the right knee. Currently, the injured worker complained of lower back pain with radiation down the right buttock and into the leg. The treatment plan that was requested for authorization included prescriptions for Flexeril and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tablets 5 mg (1 tablet 3 times a day) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

Decision rationale: This 62 year old male has complained of low back pain and right knee pain since date of injury 2/25/11. He has been treated with right knee surgery, physical therapy and medications to include Flexeril for at least 4 weeks duration. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Relafen 750 mg (1 tablet 2 times a day) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 62 year old male has complained of low back pain and right knee pain since date of injury 2/25/11. He has been treated with right knee surgery, physical therapy and medications to include NSAIDS for at least 4 weeks duration. The current request is for Relafen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Relafen is not indicated as medically necessary in this patient.