

Case Number:	CM15-0062965		
Date Assigned:	04/08/2015	Date of Injury:	04/16/2012
Decision Date:	05/08/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	04/02/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 4/16/2012. He reported pain of knees and low back. The injured worker was diagnosed as having status post total knee arthroplasty of right knee, right knee strain/sprain, left knee strain/sprain and left knee medial meniscal tear. Treatment to date has included medications, magnetic resonance imaging, ice applications, and injections. The request is for Flexeril 10mg #90. On 2/18/2015, he is seen for bilateral knee and low back pain. He reports his pain to be worsened from his last appointment. He rates his pain as 6/10 at rest, 9/10 with activity and with medications 8-9/10. He indicates he has some swelling in the joints, and difficulty with sleep. The treatment plan included: request for a bone scan, prescriptions for Norco, Flexeril, and Temazepam. He indicates the medications to be effective for his pain. The records indicate he was prescribed Flexeril prior to 1/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab every eight hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.