

Case Number:	CM15-0063930		
Date Assigned:	05/20/2015	Date of Injury:	10/17/2002
Decision Date:	06/24/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/03/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 56 year old female with an industrial injury dated 10/17/2002. The mechanism of injury is documented as a fall injuring her right leg and right arm. She stated she prior work injuries in the past documented as a broken finger and work related head contusion. Her diagnoses included status post fall 10/17/2002, lumbar strain with right lumbar radiculopathy status post lumbar fusion, cervical strain status post fusion, status post right hip surgery, left hip pain, left knee strain, right shoulder strain with impingement status post right shoulder surgery, status post left knee replacement, left shoulder pain status post left shoulder arthroscopic surgery, cervicogenic headaches and secondary depression. Prior treatments include surgeries as listed above, physical therapy, pain medications, TENS unit and muscle relaxants. The injured worker had multiple diagnostic tests and surgeries as documented in the record. She presents on 02/23/2015 with complaints of lumbar spine, cervical spine, right shoulder and bilateral hip discomfort. Physical exam noted decreased/limited range of motion of the lumbar and cervical spine; hips and knees. Her gait was slow and she used a single point cane to aid with ambulation. The provider documents the injured worker is able to do her activities of daily living with medications but after they wear off she has severe amounts of pain. The provider documents no significant of intolerable adverse side effects and no aberrant behavior. Urine drug screen dated 04/12/2012 was appropriate. Treatment plan included a request for surgery of the lumbar spine (re-request), continuation of TENS unit and supplies, Flexeril 10 mg every hour of sleep # 30 and authorization of opioids. The provider documents the injured worker is not a candidate for NSAID's because she has only one kidney. This request is for

Flexeril 10 mg every hour of sleep # 30. The injured worker received a prescription dated September 2010 for Flexeril and it is again documented in the January 2015 note as one of the injured worker's medications.

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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: According to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.