

Case Number:	CM15-0068897		
Date Assigned:	04/16/2015	Date of Injury:	05/19/2009
Decision Date:	05/22/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Florida

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:

This 53-year-old male sustained an industrial injury to the neck, back and bilateral knees on 5/19/09. Previous treatment included injections, collar with gel, back brace, knee braces, neck pillow, and neck traction with air bladder, hot/cold unit, cane, orthotics, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a PR-2 dated 2/17/15, physical exam was remarkable for bilateral knees with tenderness to palpation along the joint lines and patella with weakness to resisted function and positive inhibition and compression tests. Current diagnoses included bilateral knee internal derangement, discogenic lumbar and cervical condition with radicular component down the lower extremities, anxiety, depression, sleep disorder, sexual dysfunction and headaches. The treatment plan included bilateral knee custom unloading braces, bilateral knee Hyalgan injections, physical therapy for the low back and neck, bilateral upper extremity and lower extremity electromyography, laboratory studies, functional capacity testing, bilateral knee standing x-ray and medications Prozac, Nalfon, Effexor, Flexeril, Ultracet and Trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the OD guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and sedative medications. The records indicate that the patient had utilized Flexeril longer than the guidelines recommended maximum duration of 4 to 6 weeks periods. The patient is also utilizing opioids and other sedative medications concurrently. The criteria for the use of Flexeril 7.5mg #60 was not met.