

Case Number:	CM15-0072334		
Date Assigned:	04/22/2015	Date of Injury:	08/22/2004
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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 54 year old female, who sustained an industrial injury on 08/22/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having arthritis to the ankle with status post right distraction arthroplasty, internal derangement of the right knee with status post arthroscopy with tri-compartmental wear, internal derangement of the left knee with chondromalacia, discogenic lumbar condition with radicular component, and left ankle sprain aggravated due to a fall secondary to a collapsing knee. Treatment to date has included magnetic resonance imaging of the right ankle, use of a cane, use of braces to the bilateral knees, use of a brace to the left ankle, magnetic resonance imaging of the left knee, magnetic resonance imaging of the right knee, magnetic resonance imaging of the lumbar spine, use of hot and cold wraps, use of transcutaneous electrical nerve stimulation unit, Hyalgan injections to the bilateral knees, cortisone injection to the ankle, and Hyalgan injection to the right ankle. In a progress note dated 02/18/2015 the treating physician reports multiple falls, buckling and collapsing of the left ankle, tenderness to the dome of the left ankle, tenderness to the right ankle, and tenderness to the knee medially bilaterally with weakness to resisted function. The treating physician requested the medication Flexeril 7.5mg with a quantity of 60, but the documentation provided did not indicate the specific reason for this requested medication, but did note that there has been no response with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 78-80, 22, 41-42, 64-65, 118-120, 91-94.

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

Decision rationale: This 54 year old female has complained of bilateral knee and ankle pain since date of injury 8/22/04. She has been treated with surgery, hyalgan injections, steroid injections and medications to include Flexeril since at least 11/2014. 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.