

Case Number:	CM15-0076642		
Date Assigned:	04/28/2015	Date of Injury:	09/03/2003
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 72 year old female, who sustained an industrial injury on 09/03/2003. According to a progress report dated 04/08/2015, the injured worker complained of pain along the left thigh with difficulty getting in and out of the car and going up and down stairs. She had to manually lift her leg even when she was in bed. She could not move that leg. She had a previous total joint replacement o the left and right knee. She still had pain in knee joint on the left. She denied pain along the left hip or back but the provider recommended imaging to see if she had a pinched nerve in the lumbar spine causing her weakness or whether it was coming from the hip. Diagnoses included internal derangement of the knee bilaterally status post total knee replacement bilaterally, depression, sleep, stress and weight loss of 10 pounds. She also had an issue with regard to the base of the thumb on the right side that flared up at times. Treatment plan included Flexeril, Tramadol, Trazodone, Norco, Naproxen, Protonix and Lidoderm patches. Currently under review is the request for Flexeril and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Flexeril is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Flexeril is not medically necessary.