

Case Number:	CM14-0147856		
Date Assigned:	09/15/2014	Date of Injury:	09/11/1992
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year-old male who was reportedly injured on 9/11/1992. The most recent progress note dated 3/13/2014, indicates that there were ongoing complaints of low back and left knee pain. The physical examination demonstrated left knee: 0-100 range of motion. Mild tenderness to palpation across the left knee joint. Reputation with range of motion of the right knee with ranges 0-100. Muscle strength 4/5 in the left knee. Mild tenderness to palpation across his low back. No recent diagnostic studies were available for review. Previous treatment includes left knee surgery, medications, and conservative treatment. A request had been made for Flexeril 10 mg #90, and was not certified in the pre-authorization process on 8/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured worker's date of

injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.