

Case Number:	CM13-0026347		
Date Assigned:	03/14/2014	Date of Injury:	04/19/2010
Decision Date:	04/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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 Interventional Spine 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 patient is a 59 year old female with date of injury of 09/22/2009. The listed diagnoses per [REDACTED] dated 08/23/2013 are, status post right knee arthroscopy, 2010; patellofemoral arthralgia and minimal medial compartment degenerative changes; left knee symptoms; and lumbar spine symptoms. According to the progress report dated 08/23/2013, the patient reports a recent flare-up in her right knee. The patient attempted self-treatment by taking over-the-counter medications. This provided some relief. She used a single-point cane and knee brace to assist with ambulation. She also participates in water aerobics two days per week for exercise. Inspection of the right knee shows a slight diffused swelling. There is tenderness to palpation over the medial joint line and to a lesser extent over the perapatellar region. The treating physician is requesting refills for Fexmid, Norco and 8 additional aquatic therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends Fexmid, otherwise, known as cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The review of reports show that the patient has been taking Fexmid since 04/01/2013. In this case, the MTUS does not support the long-term use of cyclobenzaprine. The request for Fexmid 7.5 mg #60 is not medically necessary and appropriate.

NORCO 2.5/325MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids In Musculoskeletal Pain Page(s): 60,61..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends Fexmid, otherwise, known as cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The review of reports show that the patient has been taking Fexmid since 04/01/2013. In this case, the MTUS does not support the long-term use of cyclobenzaprine. The request for Fexmid 7.5 mg #60 is not medically necessary and appropriate.

AQUA THERAPY, RIGHT KNEE, QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids In Musculoskeletal Pain Page(s): 60,61.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends Fexmid, otherwise, known as cyclobenzaprine as a short course of therapy with limited and mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The review of reports show that the patient has been taking Fexmid since 04/01/2013. In this case, the MTUS does not support the long-term use of cyclobenzaprine. The request for Fexmid 7.5 mg #60 is not medically necessary and appropriate.