

Case Number:	CM13-0045315		
Date Assigned:	12/27/2013	Date of Injury:	12/22/1997
Decision Date:	03/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 53 year old female who reported an injury on 12/12/1997. The patient is diagnosed with myoligamentous strain of the lumbar spine, myoligamentous strain of the cervical spine, and inflammatory process of bilateral knees. The patient was seen by [REDACTED] on 07/03/2013. The patient reported intermittent moderate bilateral knee pain. Physical examination revealed normal range of motion of the cervical spine, decreased lumbar range of motion with tenderness, decreased left knee range of motion, and tenderness on the lateral joint line. Treatment recommendations included authorization for an MRI arthrogram of the left knee, physical therapy, and continuation of current medications including Anaprox, omeprazole, Tramadol, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Acoempracguides.org/Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoraic Spine Disorders, Low Back Disorders, Knee Disorders, Chronic Pain Disorders.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report moderate pain. There was no documentation of palpable muscle spasm, spasticity, or increased muscle tension upon physical examination. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Based on the clinical information received and the California MTUS Guidelines the request is non-certified.