

Case Number:	CM13-0061758		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2006
Decision Date:	04/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old male who reported an injury on 02/14/2006. His diagnoses include knee replacement, knee sprain/strain, lateral meniscal tear, and chondromalacia patella. The 08/14/2013 noted reported a complaint of decreased knee extension with increasing low back pain. The exam noted he lacked 10 degrees of full extension and had flexion of the knee to 120 degrees with weakness rated at 4/5 with resistance to extension and 5/5 with resistance to flexion. He was recommended for additional therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS recommends the use of cyclobenzaprine as a short course therapy for chronic pain, but does not recommend use with the addition of other agents. The documentation submitted did not provide evidence of

significant deficits, including objective measurements of pain, strength, and range of motion to warrant the need for the requested service. As such, the request is non-certified.

Terocin patches #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Expert Reviewer's decision rationale: Terocin patches are a combination of lidocaine and menthol. California MTUS recommends the use of lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy. The documentation submitted did not provide evidence of failed outcomes for first-line therapies. As such, the request is non-certified.