

Case Number:	CM14-0004867		
Date Assigned:	01/24/2014	Date of Injury:	04/04/2011
Decision Date:	08/07/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 38 year old female who sustained an injury to her left knee as a result of a slip and fall on 04/04/11. The clinical records indicate that the injured worker has undergone multiple surgeries secondary to lateral patella subluxation, chondromalacia patella, and a torn medial meniscus. She is status post a Fulkerson osteotomy on 07/16/13. She is noted to have developed right knee pain secondary to an altered gait. Lumbar sprain secondary to altered gait. She has undergone electromyogram/nerve conduction velocity (EMG/NCV) of the upper extremities on 11/22/13 which was reported as normal. She has further undergone EMG/NCV of the lower extremities on 11/25/13 which was reported as normal. The injured worker has received extensive physical therapy and has largely been maintained on oral medications. The record contains an agreed medical evaluation dated 11/20/13 in which the evaluator notes that future medical care will include further prescriptions for pain and/or anti-inflammatory medications. The records include a utilization review determination dated 12/13/13 in which requests for Cyclobenzaprine 7.5mg, Hydrocodone 10/325mg, Diclofenac 100mg, and Pantoprazole 20mg were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPINE 7.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Cyclobenzaprine 7.5mg is not supported as medically necessary. The submitted clinical records indicate that the injured worker has a chronic history of knee and back pain. The records do not provide any recent objective data which establishes the presence of active myospasms that would warrant the continued use of this medication. Further, it is noted that California Medical Treatment Utilization Schedule guidelines does not support the prolonged use of muscle relaxants in the treatment of chronic pain. As such, the medical necessity is not established.