MAXIMUS Federal Services

Case Number:	CM14-0006465		
Date Assigned:	02/07/2014	Date of Injury:	02/24/2011
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 General Surgery 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 patient is a 54 year old male with a date of injury of 2/24/2011. Patient reported his right leg hit a trailer hitch. A review of submitted documents indicate complaints of bilateral knee pain (right greater than left); bilateral swelling in the medial aspect; constant crepitus; and increased pain with standing, walking, and sitting. The patient had not worked since June 2012. Diagnoses were sprain/strain of the left knee with aggravating underlying degenerative arthritis, status post arthroscopic surgery (10/24/2012); compensatory injury to the right knee with underlying degenerative arthritis, status post arthroscopic surgery (1/16/2013); and lumbar sprain/strain with history of radiculopathy. Of note, medications including acetaminophen, orphenadrine, ultracet, Norco, Relafen, NSAIDs, Voltaren gel, ibuprofen 800mg, Naprosyn, Flexeril ([redacted], 3/10/2011), and Lodine were prescribed to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding Cyclobenzaprine, the Chronic Pain Medical Treatment Guidelines state this medication is, "Recommended as an option, using a short course of therapy... Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended... Side Effects: This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly... Dosing: 5 mg three times a day, can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks." A review of submitted documents revealed the patient has been prescribed Flexeril since 3/10/2011 ([redacted]). The guidelines clearly contraindicate using this medication for more than 2-3 weeks. Further, the greatest effect of cyclobenzaprine occurs in the first 4 days of treatment. Prescribing this medication long term is not medically necessary. Therefore, the request for cyclobenzaprine 7.5mg bid #90 is recommended not medically necessary and appropriate.