

Case Number:	CM14-0011652		
Date Assigned:	02/21/2014	Date of Injury:	12/22/1997
Decision Date:	07/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/29/2014

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 Management 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:

This is a 54-year-old female with a date of injury of 12/22/97. The mechanism of injury was a compression/contusion to the left knee following a slip and fall. On 9/25/13, she complained of continued, on and off knee pain, increased pain with bending, kneeling or climbing stairs. The exam findings included decreased range of motion and tenderness of the lateral joint line. The diagnostic impression is compression/contusion of the left knee with chronic pain. Treatment to date includes medication management, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG #60 DOS: 9/25/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. 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. There was no documentation of an acute exacerbation of the patient's chronic pain. Therefore the retrospective request for Cyclobenzaprine 7.5 mg #60 date of service: 9/25/13 was not medically necessary.