

Case Number:	CM14-0122320		
Date Assigned:	09/16/2014	Date of Injury:	01/28/2008
Decision Date:	12/24/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 55 year old male with date of injury 1/28/2008. The mechanism of injury is stated as occurring in his usual line of duty. The patient has complained of neck, back and knee pain since the date of injury. He has been treated with cervical discectomy and fusion of C4-7 in 03/2012 and two right knee arthroscopic surgeries (09/2008, 08/2012). He has also been treated with epidural steroid injections, physical therapy and medications. Objective: decreased and painful range of motion of the cervical and lumbar spine, tenderness to palpation of the right knee, positive Fabere test on left, left sacroiliac joint tenderness. Diagnoses: lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, right sacroiliac joint arthropathy. Treatment plan and request: Flexeril.

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 Official Disability Guideline (ODG) Knee Surgery

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

Decision rationale: This 55 year old male has complained of neck, back and knee pain since date of injury 1/28/08. He has been treated with cervical discectomy and fusion of C4-7 in 03/2012 and two right knee arthroscopic surgeries (09/2008, 08/2012). He has also been treated with epidural steroid injections, physical therapy and medications to include Flexeril since at least 06/2014. Per the MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.