

Case Number:	CM14-0155575		
Date Assigned:	09/26/2014	Date of Injury:	03/07/2013
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 California and 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 60 year old female who was injured on 03/07/2013. The mechanism of injury is unknown. Prior treatment history has included tramadol and non-steroidal anti-inflammatory drugs (NSAIDS). Follow-up note dated 08/25/2014 indicates the patient complained of right knee pain rated as 7/10; left knee pain at 5/10 and low back pain rated as 5/10. He reports that with his medications, he is able to tolerate activities of daily living such as light household duties, shopping for groceries, grooming and cooking. Objective findings on exam revealed tenderness of the right knee and crepitation with range of motion. The lumbar spine revealed flexion at 40; extension at 30; bilateral tilt at 30; left and right rotation at 30. There is positive straight leg raise bilaterally. He noted refractory spasm prior to cyclobenzaprine. He noted the medication helps decrease his spasm for 4-6 hours, allowing him to tolerate exercise and improve range of motion. It decreases his pain by 2 or 3 points on a pain scale. The patient was recommended to continue with cyclobenzaprine 7.5 mg #90 which he has been utilizing since 02/03/2014 and at this time, his symptoms were unchanged and allowed him to function at the same level as noted above. Prior utilization review dated 09/18/2014 states the request for Cyclobenzaprine 7.5 mg #90 is not certified as it is recommended as a second line option and is recommended as a short term option.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The guidelines recommend muscle relaxants for short-term use only in acute back pain and muscle spasms. They are generally not recommended for use longer than 4-6 weeks. From the documents provided it appears the patient has been utilizing this medication longer than the recommended duration of therapy. It is not evident that the patient is having a significant benefit from ongoing therapy to justify use outside of current guidelines. The request did not contain a frequency of use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.