

Case Number:	CM14-0157030		
Date Assigned:	09/30/2014	Date of Injury:	06/12/2009
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury on 06/12/2009. The mechanism of injury was due to a fall. The injured worker diagnoses included cervicothoracic strain, thoracolumbar strain; lumbar degenerative disease; left knee osteoarthritis; right knee osteoarthritis; and bilateral plantar fasciitis. Past medical treatment included medications and injections of Hyalgan. Diagnostic testing included an MRI of lumbar on 03/21/2013, x-ray of bilateral knees on 03/07/2013, MRI of the lumbar on 09/21/2009. No pertinent surgical history provided. The injured worker complained of left knee pain rating 9/10 on 08/25/2014. The injured worker described the pain to bilateral knees and tenderness to the lumbar spine; right foot; bilateral knees. The injured worker reported pain is generally 6/10 to 7/10 medications and 4/10 to 5/10 after medications. The physical examination revealed the injured worker stopped Hyalgan injections due to not working for the injured worker. The injured worker had pain to bilateral knees, tenderness to lumbar spine, right foot, and bilateral knees. Medications included OxyContin 80 mg, oxycodone 30 mg, Neurontin 600 mg, cyclobenzaprine 5 mg, amitriptyline 25 mg, and naproxen 500 mg. The treatment plan was for cyclobenzaprine 5 mg #120. The rationale for the request was not submitted. The Request for Authorization form was submitted on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The injured worker complained of left knee pain rating 9/10 on 08/25/2014. The California MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines state Flexeril is not recommended for chronic pain or to be used for longer than 2-3 weeks. There is lack of documentation stating the length of time the injured worker has been prescribed the requested medication. There is a lack of evidence of muscle spasms documented upon physical examination. There is a lack of documentation of the physician's rationale for prescribing a muscle relaxant. The frequency of the requested medication was not provided. Therefore the request for Cyclobenzaprine 5mg #120 is not medically necessary.