

Case Number:	CM14-0024933		
Date Assigned:	06/11/2014	Date of Injury:	08/05/2008
Decision Date:	11/20/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 36 year old male with a history of a fall from a height of 15-20 feet resulting in open fractures of the right lower extremity necessitating a below knee amputation. He slipped in the shower and sustained an anterior cruciate ligament tear and a meniscal tear of the left knee treated surgically. Other issues include atrial fibrillation with a rapid heart rate and low back pain. An Echocardiogram dated July 20, 2012 was reported to be benign with no serious pathology. He has degenerative changes in the left knee, particularly in the lateral compartment. The issues in dispute include Cyclobenzaprine 7.5 mg quantity or frequency not listed, and request for continued cardiac care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg (dispensed 1/8/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain). Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary

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

Decision rationale: The request is for Cyclobenzaprine 7.5 mg as prescribed on 1/8/2014. Review of the primary treating physician's notes of 1/8/2014 indicates an essentially negative low back exam with no tenderness or spasm, negative straight leg raising and good motion. The subjective complaints included low back pain due to the antalgic gait. Cyclobenzaprine was prescribed. The dosage was one a day. The quantity and duration were not specified. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant. It is recommended as a short term option. The effect is greatest in the first 4 days of treatment. It is associated with adverse effects such as dizziness and drowsiness, and the usefulness is modest at best. Based upon the absence of muscle spasm or tenderness the request for Cyclobenzaprine as stated with one a day dosage and no duration specified was not medically necessary per guidelines.

Continued cardiac care: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Topic: Office Visits

Decision rationale: ODG guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to various physicians play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgments. The cardiology follow-up was necessary based upon the documentation of the primary treating physician on 1/8/2014 indicating new complaints of shortness of breath in light of the presence of atrial fibrillation and the history of episodes of tachycardia in the past. The request for continued cardiac care was therefore medically necessary.