

Case Number:	CM14-0028266		
Date Assigned:	06/13/2014	Date of Injury:	02/25/2002
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Medicine and is licensed to practice in Texas. 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 63-year-old male who had three injuries to his back. An injury of 02/25/02 when he was attempting to start a lawnmower during which something gave way and he fell on his back, striking a curb. An injury of 04/21/04 when he was sitting in the back seat of a four door F150 truck when it was rear ended in a motor vehicle accident and the injury of 11/02/04 when he was getting out of the van, his back gave out and he fell to his knees. After the 02/25/02 injury he indicated that his pain was rated 11/20, then following the 04/21/04 injury his back pain went up to 16/20, however after the 11/02/04 injury there was no increase in low back pain. Post injury knee pain, back pain, muscle spasm, and difficulty walking were reported. In 2003 the injured worker had surgery at L5-S1. He then had surgery in 10/06, which was a left knee arthroscopy, then again in 08/21/07 a right knee arthroscopy. When he walked his left knee gave out on him. He describes a constant back pain at a level of 7/10, with prolonged sitting and weight bearing, heavy lifting, and lying for long periods of time. He described constant neck pain at 9/10 occasionally going up to 10/10. Left knee was constant at 6/10 right knee constant at 7/10 he could sit for 30 minutes, stand for 15 minutes, walk for 30 minutes, and lift around 10 pounds whereas previously he could lift 25 pounds. Current medications are Vicodin 750mg 60 per month, and ibuprofen 800mg twice a day. Physical examination of cervical spine revealed no pain with compression. There was pain with traction. Spurling test to the right caused pain in the right shoulder and to the left caused pain to the dorsum of the left shoulder. Range of motion flexion 40 degrees, cervical extension 45 degrees. Spasm was identified in the paracervical musculature bilaterally at C5, C6, and C7. Range of motion of the shoulders and elbows was normal reflexes in upper extremities were 2+ and symmetrical. Strength in all muscle groups around his shoulders elbows wrists and intrinsic were 5/5 bilaterally. Low back examination range of motion of the back flexion 30 degrees of flexion, 10 degrees of lumbar extension

Waddell compression, and traction rotation tests were all negative. Reflexes on the knee at the right was 1+, left trace, ankle jerk on the right was 1+, left absent, Babinski was down going bilaterally there was no claudication or fasciculation. Straight leg raise measured was negative. Motor strength of all muscle groups around the hips, knees, ankles, and extensor hallucis longus (EHL) were 5/5 bilaterally. Diagnosis, lumbosacral sprain/strain with no evidence of radiculopathy, muscle loss of the left thigh etiology uncertain, cervical sprain/strain with suggestion of bilateral radiculopathy, bilateral medial compartment degeneration of knees left worse than right. Current request was for cyclobenzaprine 7.5mg #60. Prior utilization review on 02/25/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE (FEXMID) 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 29, Postsurgical Treatment Guidelines.

Decision rationale: The request cyclobenzaprine 7.5mg #60 is not medically necessary. The current evidence based guidelines and submitted clinical documentation does not support the request for cyclobenzaprine. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better, so treatment should be brief, two weeks. As such, medical necessity has not been established.