

Case Number:	CM14-0037191		
Date Assigned:	06/25/2014	Date of Injury:	12/05/2012
Decision Date:	09/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 injured worker is a 42 year old male who was injured in his right knee when a blower fell. The date of injury was 12/05/12. He injured his lumbar spine as well as his back. He was diagnosed with sprain and strain of right knee and lumbar spine and had conservative treatment including physical therapy. An MRI done in 2013 showed lumbar disc injury with diffuse 5mm posterior bulge of L4-L5 effacing the sac as well as a torn medial meniscus in the right knee. He had right knee arthroscopic surgery in June 2013 followed by physical therapy. He also had electrodiagnostic studies of the lower extremities in July 2013 that demonstrated possible right sided S1 radiculopathy. A repeat MRI of lumbar spine in November 2013 showed an annular tear in the intervertebral disc of L4-L5 with 3mm disc bulge resulting in moderate right and mild left neural foraminal narrowing with bilateral exiting nerve root compromise. The QME report from April 24, 2014 was reviewed. He had received 3 physical therapy visits for his back until then. Recommendations included 12 additional physical therapy visits for lumbar spine. The visit notes from 02/21/14 were reviewed. Subjective complaints included right knee pain, rated at 5/10 and low back pain with right lower extremity symptoms rated at 6/10. He indicated Tramadol ER facilitated elimination of the IR opioid analgesics, NSAIDs improved pain and range of motion, PPIs improved GI upset and reported refractory spasms despite physical therapy and home exercises, and Cyclobenzaprine helping his spasms at 7.5mg. He denied side effects to Cyclobenzaprine and reported an additional 3 point decrease in pain levels with the medication. Pertinent objective findings included spasms of lumbar paraspinal muscles decreased. Diagnoses included status post right knee surgery, protrusion of L4-L5 with bilateral foraminal stenosis, annular tear L4-5 and protrusion 2mm L5-S1. A request was sent for physical therapy for the knee and lumbar spine (6 additional sessions). He had 18 sessions of physical therapy after

surgery. Other recommendations included Tramadol ER, Naproxen, Pantoprazole and Cyclobenzaprine 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Upheld

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

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

Decision rationale: The injured worker was being treated for knee joint status post arthroscopic surgery and lumbar disc disease. He was treated with medications, surgery, physical therapy and had been on Cyclobenzaprine for at least a year. According to the Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. The patient has been on this medication since at least January 2013, which exceeds the time frame recommended by the guidelines. As such, the request is not medically necessary.

Physical therapy to the right knee and lumbar spine 2 times a week for 3 weeks:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

Decision rationale: According to the guidelines, physical therapy is recommended for low back complaints for up to 8-10 visits over 4 weeks with a diagnosis of radiculitis. The injured worker has completed only 3 visits of PT for the lumbar spine. An additional 6 visits are supported by the guidelines. As such, the request is medically necessary.