

Case Number:	CM14-0053803		
Date Assigned:	07/07/2014	Date of Injury:	07/17/2009
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational Medicine and is licensed to practice in California. 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 51 year old female who was injured on 07/09/2009. The mechanism of injury is unknown. She underwent left knee arthroscopy with chondroplasty of femoral groove and chondroplasty lateral tibial plateau done on 06/04/2012. Progress report dated 04/07/2014 indicates the patient presented with a diagnosis of chronic left knee pain. Objective findings on exam revealed mild tenderness to palpation of non-weightbearing portion of the medial femoral condyle, lateral femoral condyle and iliotibial band. Valgus/varus testing is negative and in full extension at 45 degrees of flexion. She has been recommended Naprosyn 500 mg and Flexeril 10 mg. There were no other clinical findings documented for review. Prior utilization review dated 04/15/2014 states the request for 30 tablets of cyclobenzaprine 10mg is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF CYCLOBENZAPRINE 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine.

Decision rationale: According to MTUS guidelines, muscle relaxants are recommended as a second-line option for the short-term treatment of acute exacerbations of chronic low back pain. Long-term use is not recommended. In this case, Flexeril is requested for a 51-year-old female with chronic knee pain. However, the addition of Flexeril to other agents is not recommended, and the patient is concurrently prescribed Naproxen, Norco, and Lidoderm. There is no documented spasm. Clinically significant functional benefit from use of Flexeril is not evident. Flexeril use appears to be long-term, which is not recommended. Medical necessity is not established.