

Case Number:	CM14-0054764		
Date Assigned:	07/07/2014	Date of Injury:	04/27/2009
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old male was reportedly injured on April 27, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of low back pain and bilateral knee pain. Current medications include Allegra, Aspirin, Atorvastatin, Vitamin B, Losartan, Metformin, Nasonex, and Nexium. No physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. There was a request for continued pain medications, an MRI of the lumbar spine, physical therapy, an x-ray of the left knee, and the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Previous treatment included a right total knee arthroplasty and a left knee arthroscopy. A request was made for Cyclobenzaprine and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): pages 63-66 of 127.

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee did not have any complaints of acute exacerbations nor were there any spasms present on physical examination. For these reasons, this request for Cyclobenzaprine (Flexeril) 10mg is not medically necessary.