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| Case Number: | CM14-0082519 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 08/23/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 37-year-old female who has submitted a claim for left knee plica syndrome associated with an industrial injury date of August 23, 2012. Medical records from October 28, 2013 up to April 29, 2014 were reviewed showing complaints of left knee pain characterized as tingling, numb, warm, grinding, popping, locking, and with a severity of 7/10. Pain radiated to lower back, buttocks, hip, left leg, ankle, foot, and toes. Symptoms worsened with activity and improved with rest and medications. Physical examination of the knee revealed large palpable tender plica. The left knee had a patellofemoral crepitus and pain during range of motion assessment. An MRI of the left knee taken on April 29, 2014 and demonstrated a posterior horn medial meniscal tear vs post-operative changes, small joint effusion, and no evidence for ligamentous rupture. Treatment to date has included Celebrex, Norco, Tylenol, Motrin, Tylenol with Codeine, and physical therapy. Utilization review from April 30, 2014 denied the request for Cyclobenzaprine HCL 10mg #60. The physical exam did not reveal muscle spasms. There was no documentation available to support the prescription of Cyclobenzaprine submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state Cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the 4/14/14 medical record refers to left knee pain as the only complaint, and makes no mention of complaints of muscle spasms by the patient or findings of spasms on physical examinations. Additionally, the report makes no mention of recommending Cyclobenzaprine. Therefore, the request is not medically necessary.