

Case Number:	CM14-0086785		
Date Assigned:	07/23/2014	Date of Injury:	07/28/2003
Decision Date:	09/12/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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:

Per the records provided, the claimant is a 41-year-old male who was injured while finishing concrete. He knelt down on a piece of rock that got into his knee pads many years ago in year 2003. Out of this mechanism of injury, the claimant was diagnosed with a cervical disorder, brachial neuritis, internal derangement, a lumbar disc disorder lumbosacral neuritis. As of April 7, 2014 there was constant neck, back and knee pain. Spurling, straight leg raise and McMurray tests were positive. In April 2013, the claimant was noted to be taking tramadol and he was prescribed a Medrox pad and ointment. He was also prescribed cyclobenzaprine and Zofran on June 28, 2013. It was not clear how long the cyclobenzaprine had been used. There was a visit from October 4, 2013. He had persistent pain in the low back which is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing and walking multiple blocks. He had bilateral knee pain. There was tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The lumbar spine also had tenderness. There was dysesthesia at the L5 and S1 dermatomes. The left foot remained unchanged. There was electromyographic studies, and no indicators of acute cervical and lumbar radiculopathy were observed. There was no entrapment. There was an Agreed Medical Examination on January 15, 2013. The diagnosis was cervical spine discopathy, lumbar discopathy, tear at the medial and lateral meniscus of the right knee, torn medial meniscus of the left knee with chondromalacia patella, and left foot internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medicine Guidelines, Muscle Relaxants Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, it is not precisely clear how long the Flexeril has been used, and there has been no objective functional improvement noted in the past use in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. This request for Flexeril is not medically necessary.