

Case Number:	CM14-0179272		
Date Assigned:	11/03/2014	Date of Injury:	07/08/2008
Decision Date:	01/29/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 35-year-old male with an original industrial date of injury of July 8, 2008. The injured worker has chronic knee pain and has had a history of three knee surgeries including a right osteotomy on March 21, 2012. The disputed issue is a request for Cyclobenzaprine 7.5 mg three times per day. A utilization review determination on October 7, 2014 had noncertified this request. The rationale for the denial of the Cyclobenzaprine was that it was being used long-term, and guidelines recommend this for short-term use only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5 mg #90, DOS 9/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the

documentation available for review, there is documentation that this medication has been prescribed since at least July 2014. Since guidelines recommend this medication only the short-term treatment of an acute exacerbation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.