MAXIMUS Federal Services

Case Number:	CM14-0191225		
Date Assigned:	11/25/2014	Date of Injury:	03/22/2004
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 48-year-old female who experienced an industrial injury 03/22/04. The mechanism of injury and body part(s) affected were not noted. Per primary treating physician's progress report dated 07/09/14, the worker was not attending therapy but used ice at home and was working. She reported her low back pain continued and radiated out and down and she had right knee pain with limited motion popping and clicking. Objective findings were very brief, only noting the right knee flexion was 115 degrees. Current medications included Naproxen Sodium 550 mg, Omeprazole 20 mg, Cyclobenzaprine 10 mg, Tramadol 50 mg, and Lidoderm patches. Diagnoses were right medial and lateral meniscus tear, osteoarthritis right knee; status post right knee arthroscopy partial medial and lateral meniscectomy, 10/12/04; status post right knee arthroscopy partial medial and lateral meniscectomy, 05/25/10; previous right knee arthroscopy 20 years prior; Baker's cyst right knee; right hamstring tear; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis; disc bulge L4-5 (2 mm); disc bulge L5-S1 (1-2 mm); disc bulges L4-5 (2 mm) and L5-S1 (2 mm). She was declared permanent and stationary 10/12/11.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg #30 for 30 day supply (times 3 refill): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 478, 495,Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 41-42, 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Pain (Chronic)

Decision rationale: Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spams on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use.