

Case Number:	CM14-0208997		
Date Assigned:	12/22/2014	Date of Injury:	06/25/2010
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 51 years old male patient who sustained an injury on 6/25/2010. He sustained the injury while pulling on a band. The current diagnoses include low back pain, derangement of medial meniscus, chronic pain syndrome, knee pain and disorder of trunk. Per the doctor's note dated 11/25/14, he had complaints of low back pain and bilateral knee pain. The physical examination revealed lumbar spine- paraspinal tenderness, normal range of motion, negative Slump test bilaterally and normal bilateral knee range of motion. The medications list includes flexeril, tramadol, trazadone, losartan and lidoderm patches. He has had bilateral knee X-rays on 10/10/2014. He has undergone right inguinal hernia repair; right knee arthroscopy on 7/16/2012 and left knee arthroscopy in 2009. He has had TENS unit and steroid injections to bilateral knee for this injury. He has had urine drug screen on 8/26/14 which was positive for tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. ... Cyclobenzaprine is more effective than placebo in the management of back pain,...." According to the records provided patient had complaints of low back and bilateral knee pain with paraspinal tenderness. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 10mg #30 is medically appropriate and necessary to use as prn during acute exacerbations.