

Case Number:	CM15-0000074		
Date Assigned:	01/09/2015	Date of Injury:	07/22/2014
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery

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 39 year old male, who sustained an industrial injury on 7/22/14. He has reported right knee pain. The diagnoses have included right knee sprain. Treatment to date has included medications, right knee support, physical therapy, ice/heat applications and a cane. (MRI) magnetic resonance imaging of the right performed on 9/5/14 revealed complex tear involving the posterior horn and body of the medial meniscus with a displaced meniscal fragment suspected in the posterior intracondylar notch adjacent to the posterior horn medial meniscal root and low signal thickening/scoring of the MCL. Currently, the IW complains of persistent right knee pain. The IW continues to have focal tenderness to palpation over the medial joint of the right knee, motor strength and reflexes are normal. On 12/8/14 Utilization Review non-certified Flexeril 10mg every night #30, noting the medication is not to be used for longer than 2-3 weeks. The ODG was cited. On 12/31/14, the injured worker submitted an application for IMR for review of Flexeril 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 'Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. 'In this particular case the patient has no evidence in the records of 10/22/14 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.