

Case Number:	CM15-0131930		
Date Assigned:	07/20/2015	Date of Injury:	07/21/2008
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old female who sustained an industrial injury on 07/21/2008. Current diagnosis includes tear medial meniscus knee. Previous treatments included medications, lumbar epidural steroid injection, home exercise program, and Synvisc injection. Report dated 12/04/2015 noted that the injured worker presented with complaints that included continued right knee discomfort, and occasional popping. Pain level was not included. Physical examination was positive for slight antalgic gait and tenderness in the medial joint line. The treatment plan included continue home exercises, refilled Naproxen, cyclobenzaprine, omeprazole, flurbiprofen/lidocaine cream, and follow up after right knee MRI. At this time the injured worker was not working. Disputed treatments include retrospective cyclobenzaprine (DOS 12/04/2014)

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #60 (DOS 12/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63-64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) since at least 10/09/2014, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Also there was no muscle spasms documented on physical examination. Therefore the request for retrospective cyclobenzaprine 7.5mg #60 (DOS 12/4/14) is not medically necessary.