

Case Number:	CM15-0132615		
Date Assigned:	07/20/2015	Date of Injury:	02/22/2005
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old male patient who sustained an industrial injury on 02/22/2005. A recent primary treating office visit dated 06/10/2015 reported chief complaint of having back and right knee pain. The pain is described as moderate to severe that radiates into the hip and left and accompanied by numbness and stabbing pain. He reports taking no medications at this time and is implementing activity limitation and heat application. The following diagnoses were applied: crush injury; status post right knee surgery in 2005; slight instability right knee; right knee plica confirmed by radiography; full thickness chondral defect as per MRI 04/29/2015; successful AP fusion at L4-5; progressive knee pain, left probably compensatory due to chronic right knee issue, and status post L3-4 radio frequency ablation with noted one year of pain relief. The plan of care noted the physician recommending consultation and radio frequency ablation, Flexeril for spasm and Tylenol with Codeine. The patient is temporarily totally disabled for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg Qty 60: Overturned

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 (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2005 and continues to be treated for low back and knee pain. When seen, he was having knee pain rated at 6/10. He was having a significant flare up of low back pain and had been in bed for seven days. Physical examination findings included left lumbar paraspinal spasms and decreased range of motion. A repeat radiofrequency ablation treatment was being considered. Flexeril was prescribed. Follow-up was planned in four weeks. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documented the presence of muscle spasms and the claimant was having a flare up of symptoms. The quantity prescribed was consistent with short term use. Therefore, Flexeril was medically necessary.