MAXIMUS Federal Services

Case Number:	CM15-0138736		
Date Assigned:	07/28/2015	Date of Injury:	04/06/2014
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 37-year-old female sustained an industrial injury to the knees on 4/6/14. The injured worker underwent right knee arthroscopy on 12/22/14. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 5/18/15, the injured worker complained of right knee pain rated 5/10 on the visual analog scale and compensatory low back pain rated 3/10. The injured worker reported that medications at current dosing facilitated maintenance of activities of daily living with increased exercise tolerance. The physician noted that the injured worker had a history of requiring up to five Norco per day. The injured worker used no greater than two to three per day for break through pain since initiating Tramadol. Physical exam was remarkable for right knee with well healing arthroscopy portals without signs of infection and spasm of the right calf musculature. Current diagnoses included status post right knee arthroscopy. The treatment plan included additional physical therapy twice a week for three weeks and dispensing medications (Tramadol, Norco, Protonix and Cyclobenzaprine). On 6/25/2015, Utilization Review non-certified the retrospective request for cyclobenzaprine 7.5 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #90 (DOS 05/18/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-42 and 64.

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has had significant improvement in spasm with medications, 2-3 point reduction in pain scale, and subjective functional improvement. The injured worker has had no somnolence or lethargy, and symptoms are improved. Recommend weaning as directed. Based on the available medical records and guidelines cited, the request for cyclobenzaprine 7.5 mg #90 is medically necessary and appropriate at this time.