

Case Number:	CM15-0140466		
Date Assigned:	07/30/2015	Date of Injury:	02/03/1992
Decision Date:	08/27/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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 68 year old male who sustained a work related injury February 3, 1992. Past history included lumbar fusion and removal of instrumentation L4-5 and L5-S1 with decompression and fusion of L3-4, 2013, post laminectomy syndrome. According to a primary treating physician's progress report, dated June 17, 2015, the injured worker presented for a routine follow-up visit. He is one year post Supartz injection series to his bilateral knees, with reported success in relieving pain for approximately eight months. His bilateral knee pain has returned and is aggravated by weight bearing activities. He ambulates with a cane and his gait is antalgic. Examination of the right knee revealed; range of motion crepitus, flexion 120 degrees and pain elicited by motion, medial and lateral joint line tenderness and McMurray's test is negative. Examination of the left knee revealed; range of motion crepitus, flexion 120 degrees and pain elicited by motion, medial and lateral joint line tenderness and McMurray's test is negative. Strength with right and left flexion and extension are 5 out of 5. There is full symmetric range of motion during the hip examination without pain. Diagnosis is documented as osteoarthritis, bilateral knees. Treatment plan included returning for Supartz injections for the knees to be performed on or around June 18, 2015 and follow-up in six weeks. At issue, is the request for authorization for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63.

Decision rationale: The claimant has a remote history of a work injury and is being treated for low back pain and bilateral knee pain. Treatments have included a multilevel lumbar fusion to the sacrum with hardware removal and recent Supartz injections for the knees. When seen, his knee pain had returned 6 months after the injections and he was using a cane. There was decreased knee range of motion bilateral with crepitus and joint effusions were present. There was bilateral joint line tenderness. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with intended long-term use of at least three months. There was no exacerbation and findings of muscle spasms are not reported. It was not medically necessary.