

Case Number:	CM15-0143338		
Date Assigned:	08/04/2015	Date of Injury:	07/21/2008
Decision Date:	09/01/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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 36 year old female, who sustained an industrial injury on 7-21-08. Initial complaints were not reviewed. The injured worker was diagnosed as having tear medial meniscus; chondromalacia of the patellofemoral joint; villond synovitis leg; traumatic degenerative arthritis right knee. Treatment to date has included status post right knee surgeries times 3; Synvisc -One injections; physical therapy; medications. Diagnostics studies included MRI right knee (12-12-14); MRI lumbar spine (7-15-14). Currently, the PR-2 notes dated 4-9-15 indicated the injured worker complains of more pain in the right knee since her last visit. She has not has change in her overall activity level and continues to perform quadriceps and hamstring exercises daily. She was seen by a provider on 4-8-15 and had a lumbar epidural steroid injection and reports it made her feel "a little better". On physical examination of the right knee there is no effusion, she has a tender medial joint line and has a smooth gait. Her Quad and hamstring strength is noted as 2 over 4 each. She has no patella-femoral joint instability. The lumbar spine is tender at the midline L4, L5-S1 and the range of motion is flexion at 30 degrees, extension 10 degrees. She has 2+ knee-ankle reflexes. The provider's treatment plan on this date encouraged the injured worker to work harder on the quadriceps and hamstrings as they remain weak. She needed to do daily stretches and range of motion exercises. They will monitor her progress after the lumbar epidural steroid injection and notes she may require further injections. Medications refills were done on this date. The provider is requesting authorization of Flurbiprofen 25% 30gms Refills: 3 (DOS 5/27/14, 11/11/14, 4/28/15) and Cyclobenzaprine 7.5mg #60 Refills: 3 (DOS 11/3/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 30gms Refills: 3 (DOS 5/27/14, 11/11/14, 4/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Lidocaine indication.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2008 and continues to be treated for knee pain. When seen, there had been improvement after a lumbar epidural injection. There was knee joint line tenderness and decreased strength. There was decreased lumbar spine range of motion with tenderness. Medications have included Naprosyn. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naprosyn was also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.

Cyclobenzaprine 7.5mg #60 Refills: 3 (DOS 11/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in July 2008 and continues to be treated for knee pain. When seen, there had been improvement after a lumbar epidural injection. There was knee joint line tenderness and decreased strength. There was decreased lumbar spine range of motion with tenderness. Medications have included Naprosyn. 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 was consistent with at least 4 months of use and there are no findings of muscle spasms or acute exacerbation. Prescribing cyclobenzaprine is not medically necessary.