

Case Number:	CM15-0143455		
Date Assigned:	08/04/2015	Date of Injury:	04/17/2013
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male with an industrial injury dated 04-17-2013. The injured worker's diagnosis includes osteoarthopathy of left knee. Treatment consisted of series of 3 viscosupplementation and prescribed medication. In the progress note dated 01-22-2015, the injured worker reported left knee pain rated a 7 out of 10 and right knee pain rated a 6 out of 10. The injured worker reported that medication helps improve activity and function and decreases pain level. Objective findings revealed tenderness in medial and lateral joint line, crepitance with range of motion and pain with extension and flexion. Treatment plan consisted of right knee hinged brace, viscosupplementation and medication management. The treating physician prescribed services for Cyclobenzaprine 7.5 mg, ninety counts, dispensed on June 25, 2015, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, ninety count, dispensed on June 25, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. According to MTUS guidelines, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to MTUS guidelines; "Cyclobenzaprine (Flexeril, Amrix, and Fexmid", generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect appears to be in the first 4 days of treatment. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for Cyclobenzaprine 7.5 mg, ninety counts, dispensed on June 25, 2015 is not medically necessary.