

Case Number:	CM15-0161018		
Date Assigned:	08/27/2015	Date of Injury:	10/15/2014
Decision Date:	09/30/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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

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 female 46-year-old female who sustained an industrial injury on October 15, 2014. A primary treating office visit dated February 16, 2015 reported subjective complaint of knee is still sore. Objective assessment found: right knee without effusion, negative for subluxation, and tender patella. She was diagnosed with right knee pain, and patella femoral swelling. The plan of care noted prescribing for Voltaren, and a course of physical therapy. She is to return to a modified work duty. An orthopedic follow up dated May 28, 2015 reported subjective complaint of right knee pain with swelling and instability. There is also complaint of compensatory back pains. There is noted discussion stating she gets nausea with Tramadol and a good trial of Cymbalta with a desire to avoid Opiates for analgesia. She states that Duloxetine is first line for pain. There is also mention of Flexeril and its good effect on spasms facilitating marked improvement in range of motion and tolerance to exercises. The following diagnoses were applied: chondromalacia anterior compartment, right knee, and patellar tendinitis, right knee. Tramadol noted discontinued and a trial for a transcutaneous nerve stimulator unit, and utilize a lumbar back brace. The following medications were dispensed: Duloxetine, Naproxen, Pantoprazole, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 (dispensed 7/6/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.