

Case Number:	CM15-0187279		
Date Assigned:	09/29/2015	Date of Injury:	12/31/1997
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 62 year old female who reported an industrial injury on 12-31-7997. Her diagnoses, and or impressions, were noted to include: bilateral knee pain; right knee arthritis; status-post left total knee replacement, now with low back pain and right hip bursitis. No current imaging studies were noted. Her treatments were noted to include: medial branch blocks in the lumbar spine (2009); physical therapy and hydrotherapy; left-sided lumbosacral facet block injections (7-2015); medication management with toxicology studies; and rest from work. The progress notes of 7-17/2015 reported a return visit with complaints which included: continued chronic lower back pain with numbness involving the outer portion of the right and left thighs, as well as pain involving the right knee and bilateral hips, rated 5 out of 10, and was brought on by activities, movements and activities of daily living. The objective findings were noted to include: fatigue that was being addressed by her primary care physician; some gluteal tenderness in the left hip; pain and positive crepitus with right knee range-of-motion; positive medial joint line and medial compartment tenderness; positive lumbar tenderness with lumbar para-spinal muscle spasming and left-sided lumbar tenderness over the lower lumbar facets, possibly facetogenic in nature; and 1+ bilateral knee reflexes, hypo-reactive in the ankles. The physician's requests for treatment were not noted to include the continuation of medications or Cyclobenzaprine. The progress notes of 1-23-2015 noted requesting the continued use of Cyclobenzaprine. The Request for Authorization for Cyclobenzaprine 5 mg, #60 with 2 refills was not noted in the medical records provided. The Utilization Review of 9-15-2015 non-certified the request for Cyclobenzaprine 5 mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril).

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." As such, the request for Flexeril 7.5mg #60 is not medically necessary.