

Case Number:	CM15-0190128		
Date Assigned:	10/02/2015	Date of Injury:	06/29/2011
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/28/2015

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(n) 55 year old female, who sustained an industrial injury on 6-29-11. The injured worker was diagnosed as having myoligamentous strain of the cervical spine, left elbow lateral epicondylitis, myoligamentous strain of the lumbar spine with disc protrusions and neural foraminal stenosis and inflammatory process of the bilateral knees. The physical exam (1-13-15 through 4-7-15) revealed "decreased" lumbar and bilateral knees range of motion and tenderness. There was no documentation of pain levels with and without medications. Treatment to date has included aquatic therapy, a lumbar MRI on 2-6-15 and an LSO brace. Current medications include Glucosamine and Cyclobenzaprine (no previous prescriptions provided). As of the PR2 dated 5-18-15, the injured worker reports pain in her lower back that radiates to her legs and bilateral knee pain. The physical examination showed "decreased" lumbar and bilateral knees range of motion and tenderness. The treating physician noted that the injured worker remains temporarily totally disabled. There is no documentation of current pain level or pain level with and without medications. The treating physician requested retrospective Cyclobenzaprine 7.5mg #60 DOS: 5-18-15. On 5-18-15 the treating physician requested a Utilization Review for Cyclobenzaprine 7.5mg #60. The Utilization Review dated 8-25-15, non-certified the request for retrospective Cyclobenzaprine 7.5mg #60 DOS: 5-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #60 DOS: 5/18/2015: 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), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in June 2011 when she was struck by an autistic student. She continues to be treated for a strain of the cervical and lumbar spine, bilateral knee inflammation, and left lateral epicondylitis. When seen, there had been no new injuries. Her back pain was about the same. She was having low back pain radiating into the legs and bilateral knee pain. Physical examination findings included decreased knee and lumbar spine range of motion with tenderness. Glucosamine and cyclobenzaprine were prescribed. 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, there was no acute exacerbation and no findings or complaints of muscle spasms. Prescribing cyclobenzaprine was not medically necessary.