

Case Number:	CM15-0190222		
Date Assigned:	10/02/2015	Date of Injury:	07/31/2013
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 62 year old female with a date of injury of July 31, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the right knee with surgery on June 29, 2015, status post left shoulder surgery on September 29, 2014, lower back pain with lower extremity symptoms, and reactive depression. Medical records dated August 3, 2015 indicate that the injured worker complained of right knee pain rated at a level of 7 out of 10, left shoulder pain rated at a level of 6 out of 10, and lower back pain rated at a level of 6 out of 10 with lower extremity symptoms. Records also indicate that physical therapy for the left shoulder does help. A progress note dated August 24, 2015 documented complaints similar to those reported on August 3, 2015. Per the treating physician (August 3, 2015), the employee was temporarily totally disabled for four weeks. The physical exam dated August 3, 2015 reveals right knee range of motion of 0 to 100 degrees, tenderness of the left shoulder, limited range of motion of the left shoulder, tenderness of the lumbar spine, decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, and spasm of the calf musculature and lumboparaspinal musculature. The progress note dated August 24, 2015 documented a physical examination that showed no changes since the examination performed on August 3, 2015. Treatment has included right knee surgery, left shoulder surgery, physical therapy for the left shoulder, and medications (Tramadol 150mg, Fexmid 7.5mg, Pantoprazole 20mg, and Anaprox 550mg since at least January of 2015). The original utilization review (September 17, 2015) non-certified a request for Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: 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) and Other Medical Treatment Guidelines UpToDate, 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 medication is not recommended to be used for longer than 2-3 weeks." 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." Several other pain medications are being utilized, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.