

Case Number:	CM15-0196135		
Date Assigned:	10/09/2015	Date of Injury:	08/18/2013
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 38 year old female who sustained an industrial injury on 08-13-2013. According to a progress report dated 09-21-2015, the injured worker reported low back pain rated 5 on a scale of 1-10 with medications (Gabapentin). Pain was intermittent, aching and shooting and hurt when doing a lot of movement and sitting down. Left knee pain was rated 6 and was steady and constant. Pain hurt when walking and radiated down to the ankle. He was given an insert for the foot that helped. At night time there was a burning sensation. Lidopro cream helped. TENS was helping a lot. Home exercise caused pain exacerbation. She was walking 40-45 minutes a day. She slept 2-3 hours and was not taking medications for sleep. She also reported a little constipation. Examination of the lumbar spine demonstrated tenderness to palpation in the left sacroiliac joint more than the right and mid back. Positive Patrick was noted bilaterally. Tactile sensory with decreased sensory of L4-L5 and L5-S1 on the left side was noted. Examination of the left knee demonstrated tenderness to internal and external aspects of the patella and external joint line. Weak extensor mechanism 2 out of 5 was noted. Positive McMurray for the external meniscus was noted. Examination of the left foot and ankle demonstrated very arched feet, tenderness to Achilles tendon and PTLF, less to CF ligament, tender heel area. Diagnoses included lumbar sprain, sciatica of the left lower extremity, left knee injury status post external meniscectomy on 01-24-2014, meniscus tear, left ankle and foot pain not part of claim, depression, sleep disturbance, visual hallucinations resolved with sleep and constipation. The treatment plan included Cyclobenzaprine, Naproxen, Eszopiclone and Omeprazole and functional capacity evaluation. Work status included modified duty. Follow up

was indicated in 4 weeks. Documentation showed use of Cyclobenzaprine dating back to 2014. On 10/01/2015, Utilization Review non-certified the request for 1 prescription of Cyclobenzaprine 7.5 mg #60 and 1 functional capacity evaluation and authorized the request for Naproxen, Eszopiclone and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine 7.5 mg #60: 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): Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the injured worker has been on cyclobenzaprine since at least 2014. This duration of treatment exceeds that recommended by the guidelines and therefore the request is not medically necessary.

1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty.

Decision rationale: The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, "Recommended prior to admission to a Work Hardening (WH) Program. Consider an FCE if: 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all

key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." In this case it is unclear if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. Nor do the guidelines recommend an FCE to evaluate an injured workers restrictions. Therefore the criteria set forth in the guidelines has not been met and therefore the request is not medically necessary.