

Case Number:	CM15-0205544		
Date Assigned:	10/22/2015	Date of Injury:	11/22/2013
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 57 year old female, who sustained an industrial injury on 11-22-2013. Diagnoses include pain in limb, pain in joint involving shoulder region, and pain in joint involving lower leg, status post left knee arthroscopy. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-25-15, she complained of ongoing issue with left knee. She was noted to be working in a job honoring her restrictions. Pain was rated 4 out of 10 VAS at worst and 2 out of 10 VAS with medication. Medications were noted to increase functional ability. The records documented Cyclobenzaprine 10mg, one before bed, ibuprofen 600mg three times daily, and Norco 5-325mg, one daily, had been prescribed since at least 4-21-15. The physical examination documented no abnormal findings. The plan of care included prescriptions for Cyclobenzaprine 10mg #15, for as needed use only, Norco 5-325mg daily, and Ibuprofen 600mg #75. The appeal requested authorization for Cyclobenzaprine 10mg as needed #15 with one (1) refill. The Utilization Review dated 10-23-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #15 with 1 refill: 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 November 2015 when she stepped backwards from a van and slipped, twisting her left knee. She underwent a left total knee replacement in February 2015. When seen, she was working with restrictions. Medications were Advil and Flexeril, which had been prescribed since at least April 2015. Physical examination findings included a body mass index over 38. There was mild right lower quadrant abdominal tenderness. Ibuprofen, Norco, and cyclobenzaprine 10 mg #15 x 1 refill was 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 the quantity being prescribed is consistent with ongoing long-term use of at least another two months. Continued prescribing is not considered medically necessary.