MAXIMUS Federal Services

Case Number:	CM15-0023974		
Date Assigned:	02/13/2015	Date of Injury:	10/27/2008
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who reported an injury on 10/27/2008. The mechanism of injury was the injured worker was working as a test plot picker, and the injured worker reported right knee pain after reaching for fruit. The diagnoses were noted to include status post 2 remote right knee arthroscopic surgeries, left knee pain, and low back pain. Prior therapies included medications, work restrictions, and physical therapy. The current medications were noted to include omeprazole, lidocaine pad 5%, cyclobenzaprine 10 mg, #30, pantoprazole and tramadol ER 150 mg. The documentation indicated they decreased the injured worker's pain and improved function. The injured worker was noted to be utilizing the muscle relaxant since at least 07/2014. The documentation of 12/04/2014, revealed the injured worker had bilateral knee pain and low back pain. The medications were noted to include cyclobenzaprine 10 mg, over the counter ibuprofen, pantoprazole 20 mg twice a day, and Lidoderm patches. The objective findings revealed tenderness in the right and left knee. There was right knee range of motion of 0 degrees-100 degrees. The injured worker had spasms in the lumbar paraspinal musculature that were less pronounced. The injured worker had decreased range of motion. The diagnoses included status post 2 remote right knee arthroscopic surgeries, absence of anterior lateral meniscus, moderate chondromalacia, thinning of ACL, degenerative edema lateral tibial plateau, and loose body right knee, left knee pain, and low back pain with right lower extremity symptoms. The treatment plan included viscus supplementation to the right knee, series of 3, a lumbar spine orthosis, a TENS unit, and cyclobenzaprine 10 mg, over the counter ibuprofen, pantoprazole 20 mg twice a day, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg Daily for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 56-57, 67, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review failed to provide documentation of exceptional factors. The request as submitted failed to indicate the quantity of medication being requested. Given the above, and the lack of documentation of exceptional factors to support continued use of cyclobenzaprine, the request for cyclobenzaprine 10 mg daily for 2 weeks, is not medically necessary.