

Case Number:	CM15-0039083		
Date Assigned:	03/09/2015	Date of Injury:	12/11/2002
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 74-year-old female, who sustained an industrial injury on 12/11/2002. The current diagnoses are degeneration of the lumbar intervertebral disc, low back pain, and knee pain. Treatment to date has included medications, physical therapy, and chiropractic. According to the progress report dated 2/2/2015, the injured worker complains of lower back and left knee pain. The pain is rated 8/10 on a subjective pain scale. The current plan of care includes Cyclobenzaprine 10mg #30 Ibuprofen 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Cyclobenzaprine TAB 10mg #30 d/s 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 74-year-old female with an injury on 12/11/2002. She had low back pain and left knee pain. MTUS guidelines do not recommend long term treatment with muscle relaxants. Cyclobenzaprine is a muscle relaxant. Muscle relaxants decrease mental and physical ability in some patients. Also, according to MTUS guidelines there is no documented benefit of adding a muscle relaxant to treatment with NSAIDS compared to NSAIDS alone. The patient has been treated with NSAIDS. Long term cyclobenzaprine is not medically necessary for this patient.

Pharmacy purchase of Ibuprofen TAB 800mg #60 d/s 20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 74 year old female with an injury on 12/11/2002. She had low back pain and left knee pain. MTUS guidelines do not recommend long term treatment with NSAIDS. NSAIDS are associated with adverse effects of GI bleeding, increased coronary artery disease, renal disease and decrease soft tissue healing. long term Ibuprofen is not medically necessary for this patient.