

Case Number:	CM15-0048951		
Date Assigned:	03/20/2015	Date of Injury:	08/27/2014
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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
 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 29-year-old male, with a reported date of injury of 08/27/2014. The diagnoses include right ankle sprain and ankle joint effusion. Treatments to date have included oral medications, physical therapy, an x-ray of the right ankle, and an MRI of the right ankle. The progress report dated 02/18/2015 indicates that the injured worker complained ankle pain. He rated the pain 1-3 out of 10 with medications and 4 out of 10 without medication. It was noted that he medications allowed him to continue to walk. The objective findings include negative bilateral straight leg raise, a slightly antalgic gait, muscle spasms noted in the calf region, and tenderness over the dorsum of the right foot and ankle. The treating physician requested cyclobenzaprine 7.5mg #90 for muscle spasms and for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 7.5mg(Fexmid) 1 Tablet TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: This patient presents with a date of injury of 08/27/14 and presents with right ankle pain and reports muscle spasms in the calf. The current request is for RETRO CYCLOBENZAPRINE 7.5MG FEXMID 1 TABLET TID #90. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient has been prescribed this medication since 10/27/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given that this medication has been prescribed for long term use, recommendation for use cannot be supported. This request IS NOT medically necessary.