

<b>Case Number:</b>	CM15-0051166		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	09/18/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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:

This 35 year old female sustained an industrial injury to the right knee on 9/18/09. Previous treatment included magnetic resonance imaging, x-rays, right knee arthroscopy times two, physical therapy, Orthovisc injections and medications. In a PR-2 dated 2/2/15, the injured worker complained of right knee pain at 6/10 on the visual analog scale, left knee pain 3/10 and low back pain 6/10 with right lower extremity symptoms. The injured worker was scheduled for bariatric surgery on 2/23/15. The injured worker reported a 70 pound weight gain following the injury. Physical exam was remarkable for right knee with limited, painful range of motion and positive right straight leg raise. Current diagnoses included status post arthroscopic lateral release right knee (6/2/14), left knee pain and low back pain with right lower extremity symptoms. The treatment plan included continuing additional postoperative physical therapy right knee for five sessions and medications (Hydrocodone and Cyclobenzaprine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg daily #30 quantity 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and underwent right knee arthroscopic surgery in June 2014 with post-operative physical therapy. She continues to be treated for bilateral knee pain and low back pain with right lower extremity symptoms. 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, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

**Additional post-op physical therapy for the right knee and lumbar spine time five session quantity:5.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy.

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and underwent right knee arthroscopic surgery in June 2014 with post-operative physical therapy. She continues to be treated for bilateral knee pain and low back pain with right lower extremity symptoms. In this case, the claimant is more than 6 months status post surgery, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and therefore medically necessary.