

Case Number:	CM15-0052520		
Date Assigned:	03/26/2015	Date of Injury:	08/30/2004
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained a work/ industrial injury on 8/30/04. He has reported initial symptoms of right knee pain. The injured worker was diagnosed as having right knee end stage osteoarthropathy, knee sprain/strain. Treatments to date included medication, surgery (knee arthroscopy x 2), diagnostics, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and lumbo-sacral orthotic. Currently, the injured worker complains of increased pain in the right knee with compensatory low back and right hip pain rated 7/10. The treating physician's report (PR-2) from 2/4/15 indicated medication markedly decreased pain with improved range of motion and greater tolerance to exercise. There were concerns regarding instability and near/actual falls. Discussion included request for total knee arthroplasty, continuing TEN S, continue LSO (orthotic), and medication. Treatment plan included Cyclobenzaprine Hydrochloride (Fexmid).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65, 67, 68, 78.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months and prior urine screen was inconsistent with medications taken. Continued use of Cyclobenzaprine is not medically necessary.