

Case Number:	CM15-0081272		
Date Assigned:	05/04/2015	Date of Injury:	06/19/2010
Decision Date:	06/02/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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: Maryland

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

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 52-year-old female patient who sustained an industrial injury on 06/19/2010. The patient initially had subjective complaint of right knee pain, and subsequently underwent surgical intervention. She has a history of osteoarthritis, degenerative disc disease, and a recent right foot fracture in 03/2014. A secondary treating office visit dated 03/06/2015 reported chief complaint of abdominal pain. She is with subjective chronic complaint of ongoing right knee and low back pain, along with numbness, weakness and decreased mobility. She ambulates with a 4-wheeled walker, and continues to wear a brace on the right leg. Current medications are hydrocodone/APAP, Fexmid, Protonix, Lisinopril, Prozac, Metoprolol, Simvastatin, Buspirone, ASA, and Orphenadrine Citrate ER. Of note, there was recent denial of Hydrocodone/APAP. The assessment noted lumbar radiculopathy; degenerative disc disease, lumbar; pain in joint ankle and foot; encounter for therapeutic drug monitoring, and pain in joint lower leg. A follow up visit dated 11/14/2014 reported subjective complaint of low back pain with right greater than left lower extremity symptoms. The pain is rated a 7 out of 10 in intensity. She is also with complaint of right knee pain, and right foot pain. Of note, narcotic pain medications are prescribed by pain management. The Hydrocodone facilitates a significant decrease of pain along with the adherence to activities and exercise while taking the medication. The patient also reports improvement range of motion is noted with the use of NSAID's. The following diagnoses are applied: meniscal tear, right knee; osteoarthopathy, right knee; multi-directional instability, right knee; foraminal stenosis L4-5, L15-S1; left knee pain, separate claim; fracture right fifth metatarsal, derivative; status post gastric bypass surgery, and reactive

depression. The plan of care recommended repeat radiography study, continue use of right knee brace, and continue with weight loss to proceed with right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 7.5 mg Qty 90, unknown frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

Decision rationale: Cyclobenzaprine tab 7.5mg Qty 90, unknown frequency is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended time frame. The request for Cyclobenzaprine is not medically necessary.