

<b>Case Number:</b>	CM15-0084620		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/30/2004
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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:

This 61 year old female sustained an industrial injury on 1/30/04. She subsequently reported back and knee pain. Diagnoses include internal derangement of the knee, lumbar HNP, spinal stenosis and radiculopathy. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. A lumbar transforaminal epidural procedure report was provided in the case file. A request for Cyclobenzaprine medication and Physical Therapy 12 sessions left ankle, starting 9 weeks after surgery was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** The request for Cyclobenzaprine 7.5mg #60 was modified for approval of #30. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.

**Physical Therapy 12 sessions left ankle, starting 9 weeks after surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot : Post-surgical therapy guidelines.

**Decision rationale:** The patient is s/p Achilles reattachment surgery on 2/9/15 with postop PT request for 12 sessions modified to initial 6 visits. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient is without documented clear functional limitations, noted post-surgical complications, or comorbidities to allow for additional physical therapy. There is no reported functional improvement from treatment of the authorized PT visits already rendered and the patient should have the knowledge to transition to an independent home exercise program. The Physical Therapy 12 sessions left ankle, starting 9 weeks after surgery is not medically necessary and appropriate.