

Case Number:	CM15-0087354		
Date Assigned:	05/11/2015	Date of Injury:	12/11/2013
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, 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 was a 51 year old female, who sustained an industrial injury, December 11, 2013. The injured worker was injured when the heel of the shoe the injured worker was wearing got caught into a hole where a plate was missing under a carpet. The injured worker fell, injuring the right ankle, right knee and back. The injured worker previously received the following treatments lumbar diagnostic facet joint medial branch block at six level with fluoroscope guidance on October 17, 2014, right knee arthroscopy, right knee MRI, right knee brace, LidoPro lotion, Flexeril, Trazodone, Protonix, Tramadol and Naproxen. The injured worker was diagnosed with bilateral lumbar facet joint pain L4-L5 and L5-S1, lumbar facet joint arthropathy, chronic low back pain, right knee internal derangement, chronic right knee pain, right knee surgery, right ankle pain and right knee degenerative joint disease. According to progress note of March 25, 2015, the injured workers chief complaint was right knee and ankle pain. The injured worker rated the pain at 8 out of 10. The ankle pain was rated at 4 out of 10. The injured worker denied radiation of pain either up or down the leg. The injured worker wore a knee brace to assist in ambulation. The injured worker complained of clicking when walking, buckling and locking. The injured worker was unable to kneel or squat. The pain was aggravated by standing or walking. The physical exam noted straight leg rises were positive with right knee and ankle pain. There was tenderness along the lateral greater than medial joint line. There was right ankle tenderness along the sinus tarsi and peroneal tendon with no subluxation. The injured worker denied tenderness along the anterior talofibular ligament, plafond, deltoid, mid foot planter fascia, retro-Achilles bursa or Achilles tendon. The neurological exam was intact. The injured worker has full strength to resisted function. The treatment plan included a prescription for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Fexmid) 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The request for Cyclobenzaprine (Fexmid) 7.5mg #60 is not medically necessary.