

Case Number:	CM15-0089608		
Date Assigned:	05/13/2015	Date of Injury:	08/30/2004
Decision Date:	06/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This 60-year-old male sustained an industrial injury on 8/30/04. He subsequently reported knee pain. Diagnoses include sprain and strain of knee and right knee end-stage osteoarthritis. Treatments to date include x-ray and MRI testing, right knee surgery, physical therapy, TENS and LSO therapy and prescription pain medications. The injured worker continues to experience right knee pain and difficulty walking. On examination, the injured worker has tenderness in the right knee, limited range of motion and spasm in the right calf and lumboparaspinal musculature. A request for Cyclobenzaprine medication 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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 47.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs. In this case, there is no documentation of objective findings of increased functioning and the medication is not recommended for long-term use and should be weaned. The request for cyclobenzaprine 7.5 mg #90 is not medically appropriate and necessary.