

Case Number:	CM14-0127745		
Date Assigned:	08/15/2014	Date of Injury:	07/09/2009
Decision Date:	10/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old male with date of injury of 07/09/2009. The listed diagnoses per [REDACTED] from 05/14/2014 are: 1. Bilateral shoulders sub acromial impingement 2. Bilateral knee pain According to this report the patient complains of bilateral shoulder and bilateral knee pain. Most of his pain is in the posterior aspect of his knee. The examination of the bilateral knees reveal range of motion from 0 - 135. He does have posterior joint line tenderness in the bilateral knees. The bilateral shoulders reveal full range of motion. He has tenderness to palpation at the posteriolateral aspect of the acromion bilaterally. Positive Neer's and Hawkin's signs. The utilization review denied the request on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with bilateral knee and bilateral shoulder pain. The treater is requesting cyclobenzaprine 5 mg quantity 90. The MTUS guidelines page 64 recommends cyclobenzaprine as a short course therapy with limited mixed evidence. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 02/07/2014. In this case, MTUS does not support the long-term use of this medication. Recommendation is for denial.