

Case Number:	CM14-0164338		
Date Assigned:	10/09/2014	Date of Injury:	10/06/2008
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 60-year-old female with a date of injury of 10/06/2008. The listed diagnoses per [REDACTED] are: 1.Limb pain.2.Osteoarthritis, left leg.According to progress report 08/13/2014, the patient presents with lower leg complaints. Examination revealed swelling at the knee. There was no further physical examination noted. Report 07/11/2014 states that the patient has some lateral popping which has recently resurfaced and she is ready for a series of knee injections. The patient's treatment history includes orthotics, compression socks, injections, diagnostics, medications, and left plantar fascia release in 2010 This is a request for cyclobenzaprine 5 mg #30. Utilization review denied the request on 09/12/2014. The medical file provided for review includes progress reports from 07/11/2014 through 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with continued lower extremity complaints. The treater is requesting cyclobenzaprine 5 mg #30. It appears to be an initial request for muscle relaxants as prior reports do not discuss this medication. The California Medical Treatment Utilization Schedule (MTUS) page 64 states that cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the treater is requesting a trial of #30 and muscle relaxants are not recommended to be used longer than 2 to 3 weeks. Treatment is not medically necessary and appropriate.