

Case Number:	CM14-0218475		
Date Assigned:	01/08/2015	Date of Injury:	05/28/2012
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, New York
 Certification(s)/Specialty: Family Practice

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 sustained a work-related injury on May 28, 2012. A request for cyclobenzaprine 7.5 mg, take one per oral route three times per day, #90 as needed for spasms of the left knee was noncertified on December 18, 2014. The UR physician utilized the Official Disability Guidelines (ODG) in the determination. The ODG indicates that non-sedating muscle relaxants should be used with caution as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The UR physician noted that in most cases muscle relaxants show no benefit beyond non-steroidal anti-inflammatory medications (NSAIDS) in pain and overall treatment. The efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence. Therefore, the UR physician noted that discontinuation is recommended. A request for Independent Medical Review (IMR) was initiated on December 22, 2014. A review of the documentation submitted for IMR included medical documentation from June 20, 2014 through December 3, 2014. A physician's evaluation dated October 29, 2014 indicated that the injured worker had ongoing left knee pain and spasm with regard to the leg and limitations in activities of daily living of cooking, cleaning and self-care. Pain ranges between a 4-6/10. The injured worker's gait was mildly antalgic. On examination, the injured worker had painful patellofemoral crepitus throughout. The knee was tender to palpation medially and laterally. Diagnoses associated with the examination included left knee internal derangement with medial and lateral meniscus tears and left knee degenerative joint disease. The evaluating physician recommended medications including #90 cyclobenzaprine 7.5 mg, one orally three times per day

as needed for spasms. The injured worker's work status was defined as temporary partial disability until the date of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5MG tablet, take 1 per oral route 3 times a day, quantity: 90, refills: 0 as needed for spasm, for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-64.

Decision rationale: The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Hydrocodone as well which may contribute to dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There are statements documenting improvement in pain and functional capacity but chronic use is not recommended according to MTUS guidelines. Cyclobenzaprine is mostly used for exacerbation of back pain. Therefore, continued use for knee pain is considered not medically necessary.