

Case Number:	CM14-0219164		
Date Assigned:	01/26/2015	Date of Injury:	01/30/2014
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/31/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 61-year-old male who reported an injury on 01/30/2014 due to an unspecified mechanism of injury. On 12/09/2014, he presented for a followup evaluation. He reported continued pain in the left knee. A physical examination of the left knee showed tenderness in the lateral joint line and trace effusion. He was grossly distally neurovascularly intact and right knee examination was within normal limits. He was diagnosed with left knee chondromalacia with internal derangement. The treatment plan was for cyclobenzaprine 7.5 mg #90. The rationale for the treatment was not provided.

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.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants as a second line treatment option with caution for those with acute low back pain. Based on the clinical documentation submitted for review, the injured worker was not noted to have muscle spasms or low back pain to support the request for cyclobenzaprine. Also, it is unclear how long the injured worker has been using this medication and without this information continuing would not be supported, as it is only recommended for short term treatment as a second line medication option. In addition, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.