

Case Number:	CM15-0002478		
Date Assigned:	01/13/2015	Date of Injury:	01/04/2013
Decision Date:	03/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 46 year old male, who sustained an industrial injury on January 4, 2013. The diagnoses have included right knee degenerative joint disease. Treatment to date has included heat/ice, and non-steroidal anti-inflammatory, topical pain, and muscle relaxant medication. Currently, the injured worker complains of continued right knee pain, which may be a little increased recently with cold weather changes. The right knee exam revealed slight increased bogginess of the joint capsule slightly greater joint effusion on the right than on the left. There was no erythema or increased warmth. There was no medial collateral, lateral collateral, and cruciates instability. There was medial joint line tenderness, more than lateral. There was a little crepitation with the first patellar entrapment maneuver, but it was not reproducible. The treatment plan included refilling the non-steroidal anti-inflammatory medication and to continue normal duties. On December 12, 2014 Utilization Review non-certified a prescription for Cyclobenzaprine 10mg #30, noting the lack of documentation of muscle spasms and the lack of current documentation of the injured worker condition. The Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: 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, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61 and 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril; 1/2) UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine: Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. The treating physician does not document muscle spasms when last examining this patient nor states why the patient should be on cyclobenzaprine outside of guidelines. As such, the request for Cyclobenzaprine 10mg #30 is not medically necessary.