

Case Number:	CM15-0003854		
Date Assigned:	01/14/2015	Date of Injury:	05/01/2013
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 37-year-old female who reported injury on 05/01/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post left knee arthroscopy on 10/10/2013. Past medical treatment consisted of surgery, therapy, and medication therapy. Medications consist of tramadol, pantoprazole, cyclobenzaprine, and naproxen sodium. On 11/08/2014, the injured worker underwent a urine drug screen which showed that the injured worker was inconsistent with prescribed medications. On 12/11/2014, the injured worker complained of left knee pain. The injured worker rated the pain at a 9/10 on the left and a 5/10 on the right. Physical examination noted that there were no signs of infection in the left knee. Range of motion was from 0 to 90 degrees. Gait was more brisk. Spasm of the calf musculature was decreased. Medical treatment plan for this injured worker was to continue with medication therapy. Rationale Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, one po tid prn spasm #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

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

Decision rationale: The request for cyclobenzaprine 7.5 mg 1 by mouth 3 times a day for spasm with a quantity of 90 is not medically necessary. California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The exam findings indicated decreased spasm of the calf musculature. However, the submitted documentation did not indicate the efficacy of the medication. Additionally, the submitted documentation indicates that the injured worker had been on this medication for an extended duration of time, and there was lack of documentation of objective improvement to warrant the continuation of the medication. Furthermore, the request as submitted is for cyclobenzaprine 7.5 mg with a quantity of 90, exceeding guideline recommendations for short term use. Given that there were no other significant factors provided to justify the continuation of the medication, the request would not be indicated. As such, the request is not medically necessary.