

Case Number:	CM15-0005160		
Date Assigned:	02/03/2015	Date of Injury:	10/24/2014
Decision Date:	03/26/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/09/2015

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

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 38 a year old male, who sustained an industrial injury on 10/24/2004. On provider visit dated 10/24/2014 the injured worker has reported low back and right knee pain. On examination the injured worker was noted to have a decreased range of motion of knees and back. Swelling over the right knee was note as well as tenderness over the lower back and midline. The diagnoses have lumbago with radiculitis, right knee contusion with swelling and reactive sleep disturbance. Treatment plan included MRI of right knee and lumbar spine, chiropractic therapy, acupuncture, right knee steroid injections, tornado shot, right knee supportive brace and prescriptions for previously prescribed medications. On 01/02/2015 Utilization Review non-certified prescription of Cyclobenzaprine 10mg. The CA MTUS, ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Anrix, Fexmid, generic available);

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient, a 38 year old male an injury date of 10/24/14, presents with low back and right knee pain. The request is for (1) PRESCRIPTION OF CYCLOBENZAPRINE 10 MG. The RFA is not provided. Patient's diagnosis on 12/10/14 included lumbago with radiculitis, right knee contusion with swelling, and reactive sleep disturbance. The patient is totally temporarily disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater is requesting Cyclobenzaprine for myofascial component of pain; however, fails to indicate the quantity. In this case, a prescription for cyclobenzaprine is first noted in progress report dated 11/25/14, and the patient has been taking it consistently at least since then. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request does not meet the guidelines recommended timeframe. Therefore, the request IS NOT medically necessary.