

Case Number:	CM15-0018982		
Date Assigned:	02/06/2015	Date of Injury:	08/03/2007
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old female, who sustained an industrial injury on 4/3/2007. The diagnoses have included osteoarthritis, lumbar spine spondylosis, carpal tunnel syndrome and internal derangement of knee. Treatment to date has included medications. According to the Primary Treating Physician's Progress Report dated 12/8/2014, the injured worker complained of persistent pain of the cervical and lumbar spine. The pain was increased with prolonged positions and repetitive movements. The injured worker complained of significant pain in both hips and both knees. She had difficulty walking. She had numbness and tingling in both hands and radiating pain in both upper extremities. Physical exam revealed tenderness to palpation with spasm over the paravertebral musculature of the lumbar spine. There was also tenderness to palpation of the bilateral hips and the medial joint line of the bilateral knees. The treatment plan was to continue home exercise program and continue use of medications, including Cyclobenzaprine and Hydrocodone. On 12/31/2014 Utilization Review (UR) non-certified a request for Cyclobenzaprine 10mg #60. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60 for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

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

Decision rationale: 47 year old female has complained of low back pain, neck pain and bilateral knee pain since date of injury 4/3/07. She has been treated with physical therapy and medications to include flexeril since at least 07/2014. The current request is for Flexeril. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.