

Case Number:	CM15-0019062		
Date Assigned:	02/11/2015	Date of Injury:	07/30/2010
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old female who sustained an industrial injury on 07/30/2010. Diagnoses are chronic low back pain and painful left total knee replacement. Treatment to date has included medications and physical therapy. A physician progress note dated 12/15/2014 documents the injured worker has constant low back and left knee pain. Initially she noted some improvement following the left total knee replacement, but gradually she developed worsening left knee pain. She has difficulty moving with the pain, and uses a walker to ambulate. Bone scan done 12/12/2014 revealed left knee joint prosthesis with increased blood flow and blood pool activity surrounding the prosthesis, and disproportionate bone phase uptake in the medial femoral metaphysis adjacent to the prosthesis. Potential for prosthesis related cellulitis and potential infection of the prosthesis. Treatment requested is for Cyclobenzaprine 10mg #90. On 01/14/2015 Utilization Review non-certified the request for Cyclobenzaprine 10mg #90, however, 1 months' supply of cyclobenzaprine is approved for weaning purposes. Cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and 64.

Decision rationale: Cyclobenzaprine 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine is not medically necessary.