

Case Number:	CM15-0019383		
Date Assigned:	02/09/2015	Date of Injury:	06/22/2014
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 39-year-old female, who sustained an industrial injury on 6/22/2014. The diagnoses have included right knee contusion with posttraumatic chondromalacia patella. Treatment to date has included physical therapy and medication. According to the progress note dated 1/19/2014, the injured worker complained of deconditioning. The injured worker reported that activities of daily living were maintained with medication. The injured worker recalled that spasm was refractory to physical therapy, activity modification, stretching, Transcutaneous Electrical Nerve Stimulation (TENS), home exercises, cold and heat. Cyclobenzaprine 7.5mg three times a day resulted in significant diminution in spasm. Objective findings revealed tenderness in right knee greatest and medial joint line. Right knee had one plus effusion and patellofemoral crepitation with range of motion assessment. Authorization was requested for Cyclobenzaprine 7.5mg #90. On 1/26/2015 Utilization Review (UR) non-certified a request for Cyclobenzaprine 7.5mg #90. 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 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient has been on Cyclobenzaprine for more than 4 weeks without clear evidence of improvement. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine hydrochloride 7.5mg #90 is not medically necessary.