

<b>Case Number:</b>	CM15-0113334		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Alabama, 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 49 year old female, who sustained an industrial injury on April 11, 2010. The injured worker was diagnosed as having left shoulder partial thickness tear supraspinatus, biceps tendinopathy, fraying of labrum and acromioclavicular osteoarthopathy, cervical protrusion with radiculopathy and right knee chondromalacia. Treatment to date has included medication and magnetic resonance imaging (MRI). A progress note dated April 1, 2015 provides the injured worker complains of neck, shoulder, back, right knee and right foot pain. She rates her neck pain 5/10, right shoulder 6/10, left shoulder 8/10 and worsening and back, right knee and foot pain 5/10. Physical exam notes cervical tenderness and decreased range of motion (ROM). There is left shoulder tenderness, positive impingement and crepitus. The plan includes physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit, right knee brace and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

**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 in this case does not have recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg is not medically necessary.

**Right knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee brace. <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, Knee brace is "Recommended as indicated below. Recommend valgus knee braces for knee OA. Knee braces that produce a valgus moment about the knee markedly reduce the net knee adduction moment and unload the medial compartment of the knee, but could be impractical for many patients. There are no high quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear, or MCL instability, but in some patients a knee brace can increase confidence, which may indirectly help with the healing process." Criteria for the use of knee braces: Prefabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture Custom-fabricated knee braces may be appropriate for patients with the following conditions which may preclude the use of a prefabricated model: 1. Abnormal limb contour, such as: a. Valgus [knock-kneed] limb; b. Varus [bow-legged] limb; c. Tibial varum; d. Disproportionate thigh and calf (e.g., large thigh and small calf); e. Minimal muscle mass on which to suspend a brace; 2. Skin changes, such as: a. Excessive redundant soft skin; b. Thin skin with risk of breakdown (e.g., chronic steroid use); 3. Severe osteoarthritis (grade III or IV); 4. Maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain); 5. Severe instability as noted on physical examination of knee. There is no clear and recent documentation of knee instability or ligament damage avascular necrosis or any other indication for knee brace. Therefore, the request is not medically necessary.