

Case Number:	CM15-0117607		
Date Assigned:	06/25/2015	Date of Injury:	06/25/2014
Decision Date:	07/31/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/17/2015

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, Hawaii
 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 a 49 year old female with an industrial injury dated 06/25/2014. Her diagnoses included left knee meniscus tear, left knee sprain/strain, left ankle sprain/strain, left foot sprain/strain and plantar fascial fibromatosis. Prior treatment included physical therapy, medications and acupuncture. She presents on 04/14/2015 with complaints of constant left knee pain rated as moderate to severe. She states she gets some relief with medicines, rest and acupuncture. She complains of severe pain in left ankle and mild to moderate pain in left foot and heel. Medicines, rest and acupuncture also help with the ankle and foot pain. Physical exam revealed tenderness to palpation of the left knee with positive McMurray's sign. She was wearing a walker boot on the left lower extremity. There was tenderness in the left ankle and decreased range of motion. Left foot was tender with decreased range of motion. The requested treatment was for Cyclobenzaprine 7.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The records indicate the patient has ongoing pain in the knee, ankle and foot. The current request is for Cyclobenzaprine 7.5mg #60. The treating physician requests a refill of Cyclobenzaprine. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Cyclobenzaprine is recommended for a short course of therapy. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used for longer than 2-3 weeks. Records indicate a prior utilization review decision modified the use of Cyclobenzaprine for the purpose of weaning the patient. In this case, the patient does not suffer from chronic low back pain. The records do not indicate the patient has suffered an acute exacerbation of a chronic condition. The objective findings fail to document muscle spasms in the back or lower extremities. As such, the records made available for review are not established for the request of Cyclobenzaprine and therefore it is not medically necessary.