

Case Number:	CM15-0124589		
Date Assigned:	07/09/2015	Date of Injury:	03/06/2005
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 male, who sustained an industrial injury on 3/6/05. He reported slipping on a wet floor and falling forward onto a marble floor striking his right knee, left hand and face. The injured worker was diagnosed as having three level lumbar discopathy, right knee medial meniscal tear. Treatment to date has included physical therapy, home exercise program, pain management, acupuncture, chiropractic treatment, oral medications including Motrin and Omeprazole, lumbar epidural steroid injections and activity restrictions. Currently on 5/7/15, the injured worker complains of low back pain with radiation to left leg, described as constantly sharp, dull, achy and sore, with associated tightness, stiffness, numbness, tingling, popping and weakness. He notes the pain is helped by resting, physical/pool therapy, oral medications and topical medications. He also complains of right knee pain, which is described as occasionally sore, dull, achy and sharp and varies in intensity with associated tightness, stiffness, numbness, tingling and weakness and aggravated with walking, pushing, pulling, lifting, carrying, squatting, kneeling and climbing stairs. Physical exam performed on 5/7/15 noted restricted range of motion of lumbar spine due to pain, tenderness to palpation over the medial aspect of the right patella and patellar mobility is slightly to moderately decreased and exam of left knee revealed patellar mobility is slightly decreased with a mild popping with motion. A request for authorization was submitted on 5/7/15 for Codeine/APAP300/30mg, Cyclobenzaprine 7.5mg, Ibuprofen 800mg, Omeprazole 20mg and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60 1 tab PO BID PRN: Overturned

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the patient had utilized Cyclobenzaprine in the prior episode of care but had not been on the medication in at least 2 years. Documentation did note tenderness over the mid and low back paraspinal muscles. Given that the use of NSAID's were not effective in treating the IW's chronic pain and that this is a new episode of care it is reasonable to prescribe a short course of treatment with cyclobenzaprine. The requested treatment is medically necessary.