MAXIMUS Federal Services

Case Number:	CM15-0176013		
Date Assigned:	09/17/2015	Date of Injury:	04/23/2013
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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
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:

This 49 year old female sustained an industrial injury on Documentation indicated that the injured worker was receiving treatment for chronic low band and right knee pain. Previous treatment included right knee arthroscopy (9-15-14), physical therapy, lumbar spine orthotic, transcutaneous electrical nerve stimulator unit and medications. Magnetic resonance imaging lumbar spine (3-27-15) showed moderate bilateral foraminal stenosis at L5-S1 with mild disc bulge and bilateral facet arthropathy and bilateral foraminal narrowing at L3-4 and L4-5 due to disc bulge. Magnetic resonance imaging right knee (6-24-15) showed chondromalacia patella with patellar tendinitis. In a PR-2 dated 7-17-15, the injured worker complained of right knee and low back pain rated 7 out of 10 on the visual analog scale. The injured worker reported presenting to Emergency Department on due to pain. Current medications included Norco and Naproxen Sodium. Physical exam was remarkable for tenderness to palpation to the right knee and lumbar spine with "lumbar range of motion limited with pain" and no neurologic changes. The treatment plan included continuing to request five sessions of shockwave therapy for the right knee, continuing to request consideration for topical compound cream and dispensing Tramadol ER, Naproxen Sodium, Protonix and Cyclobenzaprine. On 9-3-15, Utilization Review noncertified a request for Cyclobenzaprine 7.5mg #90, weaning recommended, allow 1 time fill for initiation of weaning.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for CYCLOBENZAPRINE 7.5MG #90. The RFA is dated 08/07/15. Previous treatment included right knee arthroscopy (9-15-14), physical therapy, lumbar spine orthotic, transcutaneous electrical nerve stimulator unit and medications. The patient is TTD. MTUS, Muscle relaxants (for pain) section, Soma, page 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 07/17/15, the patient presents with chronic knee and low back pain rated 7 out of 10 on the visual analog scale. Physical examination revealed tenderness to palpation to the right knee and lumbar spine with limited lumbar range of motion and no neurologic changes. The treatment plan included five sessions of shockwave therapy for the right knee, Tramadol ER, Naproxen Sodium, Protonix and Cyclobenzaprine. The treater states that the patient's pain is decreased on average 2-3 points and spasms are decreased with the use of cyclobenzaprine. MTUS recommends antispasmodic agents such as Cyclobenzaprine, only for a short period (no more than 2-3 weeks). The request for prescription of Cyclobenzaprine quantity 90, in addition to prior use, does not indicate short-term use of this medication. Therefore, the request IS NOT medically necessary.