

Case Number:	CM15-0068630		
Date Assigned:	04/16/2015	Date of Injury:	08/10/2006
Decision Date:	05/21/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 40 year old female patient who sustained a work related injury on 8/10/06. The diagnoses include lumbago and status post left knee surgery. She sustained the injury when a client fell backwards on to her. Per the PR-2 dated 3/23/15, she had complains of bilateral knee pain at 7/10; low back pain at 7/10 with worsening left leg symptoms; left hip pain at 7/10. The physical examination revealed tenderness at left knee, range of motion- 0 to 90 degrees; decreased calf muscle spasm. The medications list includes hydrocodone, naproxen, cyclobenzaprine and topical cream. She has undergone left knee arthroscopic surgery on 4/21/2014. She has had chiropractic treatments, TENS unit therapy, physical therapy and lumbar support usage. She has failed chiropractic treatment to ease her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine tab 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use "Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had chronic bilateral knee pain; low back pain at 7/10 with worsening left leg symptoms and left hip pain. Physical examination revealed tenderness and spasm. Therefore the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine tab 10mg #30 is medically appropriate and necessary to use as prn during acute exacerbations.