

Case Number:	CM15-0068922		
Date Assigned:	04/16/2015	Date of Injury:	11/09/2006
Decision Date:	05/15/2015	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: California

Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on November 9, 2006. The injured worker was diagnosed as having internal derangement of the right knee status post meniscectomy with good outcome followed by a cortisone injection, internal derangement of the knee on the left with Physician approved surgery and a MRI obtained March 3, 2015, showing a 2mm articular surface left medially, and chronic pain syndrome. Treatment to date has included right knee surgery 2013, MRI, cortisone injection right knee, bracing, heat/cold wrap, TENS, physical therapy, and medication. Currently, the injured worker complains of bilateral knee pain, with sense of weakness along the right knee. The Treating Physician's report dated March 3, 2015, noted the injured worker with positive McMurray's test and tenderness along the medial joint line and weakness to resisted function with no effusion. The treatment plan was noted to include a recommendation to access to a larger TENS unit, and requests for authorization for Naproxen, Cyclobenzaprine, Tramadol ER, and Protonix as well as Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Fexmid) 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine (Fexmid) 7.5mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral knee pain, with sense of weakness along the right knee. The treating physician has documented positive McMurray's test and tenderness along the medial joint line and weakness to resisted function with no effusion. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine (Fexmid) 7.5mg, #60 is not medically necessary.