

Case Number:	CM15-0069818		
Date Assigned:	04/17/2015	Date of Injury:	08/21/2013
Decision Date:	05/18/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, 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:

The injured worker is a 32 year old male who sustained an industrial injury on 08/21/2013. Current diagnoses include status post right knee arthroscopy and osteoarthritis right knee. Previous treatments included medication management, right knee arthroscopy, physical therapy, and home exercise program. Previous diagnostic studies included urine drug screen, right knee x-rays, right knee arthrogram, and right knee MRI. Initial complaints included immediate right knee pain after slipping and falling. Report dated 10/14/2014 noted that the injured worker presented with complaints that included right knee pain. Pain level was rated as 5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included continued request for viscosupplementation right knee injections, request for additional physical therapy, discussed pain management at length, dispensed Tramadol ER, dispensed naproxen sodium, dispensed pantoprazole, dispensed cyclobenzaprine, and performed a random urine toxicology screen. Disputed treatments include retro request for 90 Tabs of cyclobenzaprine 7.5 MG (DOS 2/3/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request for 90 Tabs of Cyclobenzaprine 7.5 MG (DOS 2/3/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a several months along with NSAIDs and opioids. The continued and chronic use of Flexeril is not medically necessary.