

Case Number:	CM15-0075621		
Date Assigned:	04/27/2015	Date of Injury:	08/30/2004
Decision Date:	05/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old male injured worker suffered an industrial injury on 08/30/2004. The diagnoses included right knee end stage osteoarthritis and left knee total knee replacement. The diagnostics included right knee x-ray. The injured worker had been treated with right knee arthroscopy, TENS, home exercise program, PT, activity modifications and Heat / Cold treatment. On 3/19/2015 the treating provider reported severe right knee pain with swelling and giving away with crepitus and effusion. The objective findings documented was calf muscle spasms. The treatment plan included cyclobenzaprine. The medications listed was Tramadol, pantoprazole, naproxen and cyclobenzaprine. The 1/14/2015 UDS was inconsistent with non detection of prescribed Tramadol and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the duration of use of cyclobenzaprine had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There is indication of non-compliance by the non-detection of cyclobenzaprine in the UDS tests. The criteria for the use of cyclobenzaprine 7.5mg #90 was not medically necessary.