

Case Number:	CM15-0077757		
Date Assigned:	04/29/2015	Date of Injury:	10/27/2008
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, West Virginia, Pennsylvania
 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 51-year-old female, who sustained an industrial injury on 10/27/2008. The current diagnoses are status post right knee arthroscopy times 2, left knee pain, absence of anterior lateral meniscus, moderate chondromalacia, thinning of the ACL, degenerative edema lateral tibial plateau, loose body right knee, and low back pain with right lower extremity symptoms. According to the progress report dated 2/26/2015, the injured worker complains of right knee pain (6/10), left knee pain (3/10), and low back pain with right lower extremity symptoms (5/10). The current medications are Cyclobenzaprine, Pantoprazole, Lidoderm patches, and over-the-counter Ibuprofen. Treatment to date has included medication management, MRI studies, home exercises, LSO, TENS unit, and surgical intervention. The plan of care includes prescription refill for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Guidelines state that muscle relaxants may be appropriate for short-term treatment of muscle spasm. In this case, the patient has been on muscle relaxants for 9-10 months, which have been previously denied but continued. The request for cyclobenzaprine 10 mg #0 is not medically appropriate and necessary.