

Case Number:	CM15-0095000		
Date Assigned:	05/21/2015	Date of Injury:	03/07/2013
Decision Date:	07/01/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/18/2015

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: Physical Medicine & Rehabilitation

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 61 year old female with a March 7, 2013 date of injury. A progress note dated April 6, 2015 documents subjective findings (lower back pain with lower extremity symptoms, rated at a level of 6/10; medication currently facilitating maintenance of activities of daily living; inability to adhere to recommended exercise program without medications; history of gastrointestinal upset with NSAIDS), objective findings (tenderness right and left knee diffusely; crepitus with range of motion assessment; decreased range of motion of the lumbar spine; spasms of the lumbar paraspinal musculature that are less pronounced), and current diagnoses right knee osteoarthritis; right knee degenerative medial meniscal tear; left knee internal derangement; lower back pain with lower extremity symptoms). Treatments to date have included medications, exercise, magnetic resonance imaging of the lumbar spine (October 24, 2014; showed disc protrusions and facet arthropathy along with nerve impingement), and physical therapy. The medical record identifies that Cyclobenzaprine decreases spasms. The treating physician documented a plan of care that included Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

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

Decision rationale: The patient was injured on 03/07/13 and presents with right knee pain, left knee pain, and low back pain. The request is for Cyclobenzaprine 7.5 mg #90 for spasm. There is no RFA provided and the patient is temporarily totally disabled for 4 weeks, as of the 04/06/15 progress report. The patient has been taking this medication as early as 10/27/14. MTUS Guidelines page 63 66 states "muscle relaxants (for pain): Recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommend for a short course of therapy." The 04/06/15 report states that "Cyclobenzaprine decreases spasm, for 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level 2-3 points aver one a scale of 10." There is tenderness on the right and left knee diffusely, crepitanace with range of motion, a decreased lumbar spine range of motion, a positive straight leg raise bilaterally, and spasm along the lumboparaspinal musculature. The patient is diagnosed with right knee osteoarthopathy, right knee degenerative meniscal tear, left knee internal derangement, and low back pain with lower extremity symptoms. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking Cyclobenzaprine as early as 10/27/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Cyclobenzaprine is not medically necessary.