

Case Number:	CM15-0096603		
Date Assigned:	05/26/2015	Date of Injury:	02/24/2011
Decision Date:	07/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/19/2015

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 (IW) is a 54-year-old male who sustained an industrial injury on 02/24/2011. He reported right knee pain. The injured worker was diagnosed as having osteoarthritis lower limb, tear of medial cartilage or meniscus of knee, lumbalgia, status post right knee arthroscopy (2010) and sciatica. Treatment to date has included surgery, physical therapy, epidural injections, and medications. Currently, the injured worker complains of right anterior knee, right calf, left lumbar, lumbar, right lumbar, left sacroiliac, sacral, right buttock, right posterior leg, right posterior knee, right ankle, right sacroiliac, left buttock., left ankle, and left foot pain. His discomfort is rated as an 8 on a scale of 10 with the pain noticeable approximately 100% of the time. The discomfort is at its worst a 9 and at its best a 6. The IW also has numbness and tingling in his right anterior leg, right anterior knee, right shin, right ankle, right foot, right sacroiliac, right buttock, right posterior leg, right posterior knee, right calf, right ankle and right foot noticeable approximately 80% of the time. He also experiences dizziness and insomnia. Medications and ice make his pain better. Sitting, standing, walking, bending, climbing, or driving for over 15-20 minutes makes his symptoms worse. Medications include Norco and Cyclobenzaprine ER. Objectively, the worker has palpable tenderness at lumbar, left sacroiliac, right sacroiliac, sacral, left buttock, right buttock, right anterior knee and left anterior knee. He has spasm on the left lumbar paraspinal muscles; he has decreased lumbar ranges of motion in all planes. His Kemp test is positive bilaterally, Straight leg raise is positive bilaterally. McMurry's is positive bilaterally. A request for authorization is placed for Cyclobenzaprine ER 30MG #45-45 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine ER 30mg take 1 daily #45-45 day supply: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine ER 30mg take 1 daily #45-45 day supply, 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 treating physician has documented palpable tenderness at lumbar, left sacroiliac, right sacroiliac, sacral, left buttock, right buttock, right anterior knee and left anterior knee. He has spasm on the left lumbar paraspinal muscles; he has decreased lumbar ranges of motion in all planes. His Kemp test is positive bilaterally, Straight leg raise is positive bilaterally. McMurry's is positive bilaterally. 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 ER 30mg take 1 daily #45-45 day supply is not medically necessary.