

<b>Case Number:</b>	CM13-0008095		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a [REDACTED] employee who has filed a claim for chronic bilateral knee and low back pain reportedly associated with an industrial injury of September 29, 2012. Thus far, the applicant has been treated with analgesic medications; topical NSAIDs; and a knee arthroscopy. Apparent diagnosis was internal derangement of the knees. On September 11, 2013, it was noted that the applicant had developed postoperative DVT and pulmonary embolus. Her medication choice was apparently limited owing to the fact that she had to be anticoagulated with Coumadin. The operative report of July 29, 2013 is noted. The applicant underwent an operative arthroscopy and partial medial and lateral meniscectomies on that date. The remainder of the file was reviewed. A February 29, 2014 progress note is notable for comments that the applicant did develop postoperative pulmonary embolus and did undergo surgical intervention on July 29, 2013, the date in question. The applicant apparently did return to school. She developed elements of sleep disorder and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF FLEXERIL 7.5MG #60 BETWEEN 7/17/2013 AND 9/27/2013:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CYCLOBENZAPRINE (FLEXERIL), Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is recommended for postoperative use purposes. In this case, the applicant did in fact undergo knee surgery on July 29, 2013. The applicant's case and care were complicated by a variety of issues, including pulmonary embolus, which limited medication choice. The applicant also had issues with diabetes. Postoperative usage of Flexeril, thus, was indicated, appropriate, and supported by page 41 of the MTUS Chronic Pain Medical Treatment Guidelines following the applicant's knee surgery of July 29, 2013. Therefore, the request is certified, on Independent Medical Review.