

<b>Case Number:</b>	CM13-0056000		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with cumulative trauma at work first claimed on March 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a (TENS) transcutaneous electrical nerve stimulation unit; attorney representation; transfer of care to and from various providers in various specialties; and a total knee arthroplasty. In a Utilization Review Report of November 4, 2013, the claims administrator apparently denied a request for Norco and Flexeril. The applicant's attorney subsequently appealed. In an October 25, 2013 progress note, the attending provider writes that the applicant uses Flexeril for muscle spasms in the right calf, Naprosyn for inflammation, and Norco for breakthrough pain. It is stated that the applicant exhibits diminished range of motion about the knee. The attending provider goes on to cite various treatment guidelines to support usage of the medications in question. An earlier note of September 19, 2013 is notable for comments that the applicant has persistent 8/10 knee pain. The applicant states that walking aggravates his symptoms and that he remains symptomatic despite the total knee arthroplasty. He can only walk for about a quarter a mile before developing pain. The applicant is now depressed and is having issues with a rift in his relationship. The applicant has a medical marijuana card, it is further noted. Permanent work restrictions are endorsed. It does not appear that the applicant is working with said permanent limitations in place. The applicant is asked to consult a psychiatrist. An earlier note of June 21, 2013 is notable for comments that the applicant reports 8/10 knee pain despite ongoing medication usage. The attending provider then states that the applicant's medications are resulting in subjective benefit and improved function, although this is not expounded upon or detailed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CONTINUED USE OF CYCLOBENZAPRINE 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is reportedly using numerous other analgesic agents, including Norco and Relafen. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that, as with the medications, that the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of Flexeril. The applicant remains off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant on various medications and other treatments. Therefore, the request is not certified both owing to the unfavorable MTUS recommendation as well as owing to the lack of functional improvement effected through prior usage of Cyclobenzaprine as defined by the parameters established in MTUS 9792.20f.