

<b>Case Number:</b>	CM14-0006125		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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:

According to the records made available for review, this is a 67-year-old female with a 5/31/05 date of injury. At the time (12/23/13) of the Decision for Cyclobenzaprine HCL tabs 10 mg #60 with 2 refills, there is documentation of subjective (bilateral knee pain) and objective (marked genu valgum deformity of the bilateral lower extremities, peripatellar tenderness, tenderness to palpation of the lateral joint lines bilaterally, swelling, and patellofemoral crepitus bilaterally) findings, current diagnoses (bilateral knee osteoarthritis), and treatment to date (ongoing therapy with Cyclobenzaprine, Orthovisc injections, physical therapy, and activity modification). There is no documentation of acute exacerbations of pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL TABS 10 MG #60 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain,

Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** 1. CYCLOBENZAPRINE HCL TABS 10 MG #60 WITH 2 REFILLS IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the MTUS Chronic Pain Treatment Guidelines , Muscle Relaxants. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril), Page 41-42, Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of bilateral knee osteoarthritis. However, there is no documentation of acute exacerbations of pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine HCL tabs 10 mg #60 with 2 refills is not medically necessary.