

<b>Case Number:</b>	CM14-0183698		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/29/2005
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of September 29, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with knee arthritis; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 30, 2014, the claims administrator partially approved/conditionally approved request for Flexeril, apparently for weaning purposes. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported ongoing complaints of neck and knee pain. The applicant's medications included Synthroid, Benadryl, Mobic, Norco, and Neurontin. The applicant was still smoking, it was acknowledged. Prescriptions for Norco and Flexeril were issued. The applicant's work status was not provided. The applicant was asked to follow up in six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG #60 with 2 Refills:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Norco, Neurontin, Mobic, etc. Adding cyclobenzaprine or Flexeril to the mix was/is not recommended. It is further noted that the 60-tablet, two-refill supply of Flexeril proposed runs counter to the "short course of therapy" for which Flexeril is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The request, thus, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.