

<b>Case Number:</b>	CM14-0028818		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	04/02/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 chronic knee pain reportedly associated with an industrial injury of April 2, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 10, 2014, the claims approved eight sessions of physical therapy while denying a request for Cyclobenzaprine. The applicant's attorney subsequently appealed. A June 2, 2014 pain management note is notable for comments that the applicant reported persistent low back, right thigh, and right knee pain. The applicant also reported associated gastritis, it was stated. The applicant was reportedly not working, it was acknowledged. The applicant was also using a TENS unit, it was stated. The applicant was using a variety of agents, including tizanidine, Norco, Lidoderm patches, and an ibuprofen containing ointment, it was further acknowledged. In an earlier note dated February 24, 2014, it was stated that the applicant was using Cyclobenzaprine twice daily, Norco four times daily, and an ibuprofen containing cream. The applicant's work status was not detailed on that occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 10MG 1 EVERY 12 HRS #60:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other analgesics and adjuvant medications, including tizanidine, Norco, and ibuprofen-containing cream, etc. Adding Cyclobenzaprine or Flexeril is not recommended by the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.