

<b>Case Number:</b>	CM14-0052438		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Preventive 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 38-year-old male with a September 23, 2010 date of injury. At the time of the request for authorization for Flexeril 7.5mg #60, there is documentation of subjective (constant pain at 4-5/10) and objective (right lower extremity extends to 175 degrees and flexes to 100 degrees, left lower extremity extends to 180 degrees and flexes to 100 degrees) findings, current diagnoses (internal derangement of the right knee status post arthroscopy, synovectomy, chondroplasty, and medial meniscectomy on July 23, 2012 and internal derangement of the left knee with medial meniscal tear), and treatment to date (medication including Flexeril for at least 3 months). There is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain; 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 with use of Flexeril; and intention to treat over a short course (less than two weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 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 internal derangement of the right knee status post arthroscopy, synovectomy, chondroplasty, and medial meniscectomy on July 23, 2012 and internal derangement of the left knee with medial meniscal tear. In addition, there is documentation of treatment with Flexeril for at least 3 months. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, 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 or medical services with use of Flexeril. Furthermore, given documentation of treatment with Flexeril for at least 3 months, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg, sixty count, is not medically necessary or appropriate.