

<b>Case Number:</b>	CM15-0005487		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/23/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 48-year-old male who reported an injury on 05/23/2010 due to heavy activities including bending, lifting, and climbing while working as a manager at [REDACTED]. The injured worker's diagnoses include lumbar sprain/strain, meniscus tear of the knee, patellofemoral syndrome, plantar fasciitis, and tenosynovitis of the foot and/or ankle. The treatments to date were noted to have included heat therapy, a home exercise program, and cognitive behavioral therapy. The latest clinical note dated 10/15/2014 noted the injured worker had complaints of low back pain, knee pain, and right posterior ankle pain. On physical examination of the lumbar spine, it was noted the injured worker had tenderness to palpation of the lower lumbar spine and bilateral paraspinal musculature, right greater than left. The range of motion was limited secondary to pain. The motor examination revealed 4+/5 strength to the hip flexion and knee extension to the bilateral lower extremities. The remainder of the examination revealed 5-/5 muscular strength. The sensory examination was grossly intact to light touch. The examination of the right knee revealed tenderness to palpation of the medial joint line and retropatellar area. The examination of the left knee revealed tenderness to palpation to the retropatellar area. The examination of the right ankle was noted to reveal tenderness to palpation to the anteromedial heel, peroneal tendon, and anterior tibiofibular joint. Under the treatment plan, it was noted the physician was prescribing Flexeril; however, there was no rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Date of Service: 12/17/14 Cyclobenzaprine 7.5 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** According to the California MTUS, Flexeril has been more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects and the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, the guidelines recommend this medication not be used for longer than 3 weeks. While this medication may be recommended, there is a lack of objective evidence within the documentation that the injured worker has muscle spasms that would benefit from the use of this medication. Additionally, the request as submitted exceeds the guidelines' recommendations for use of no longer than 3 weeks. Therefore, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.