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| <b>Case Number:</b>   | CM15-0101206 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 08/24/2011 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 05/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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, Pain Management

### 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 60 year old male who reported an industrial injury on 8/24/2011. His diagnoses, and/or impressions, are noted to include: fracture of the left calcaneus; left knee arthroscopy (6/19/13); left ankle sprain/strain, rule-out internal derangement; left foot tarsal tunnel syndrome; "RSD" left foot/ankle, status-post left ankle open rotation internal fixation with retained hardware x 2; and insomnia with anxiety and depression. Recent magnetic imaging studies of the right knee were stated to have been done on 1/15/2015. His treatments have included para-vertebral blocks, effective; medication management; and rest from work. The progress notes of 4/28/2015 noted: complaints of progressive "RSD" in the left leg with extreme sensitivity, which began radiating up to the left calf and knee; and worsening burning pain in the left leg/foot/ankle, with hypersensitivity. The objective findings were noted to include decreased range-of-motion of the right foot; tenderness over the plantar fascia and medial and lateral malleolus; decreased range-of-motion of the lumbar spine with lumbosacral distribution, and tenderness with spasms over the lumbar para-spinal muscles; and right knee tenderness of the medial and lateral joint line, with a positive chondromalacia patella compression test. The physician's requests for treatments were noted to include Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine) 7.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.