

<b>Case Number:</b>	CM15-0104317		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/14/2009
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Hawaii  
 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:

This 61 year old female sustained an industrial injury to the right knee on 10/14/09. Previous treatment included magnetic resonance imaging, right knee arthroscopy times two, physical therapy, injections and medications. In a progress note dated 4/24/15, the injured worker complained of significant low back pain that radiation down to the knee and right knee pain with swelling with subsequent unsteady gait. The injured worker stated that her symptoms were worsening. The injured worker also complained of anxiety and insomnia due to pain. The injured worker had received approval for six visits of psychotherapy but needed assistance finding a psychologist. Physical exam was remarkable for a mildly antalgic gait due to right knee pain, right knee with slight swelling and moderate tenderness to palpation, decreased range of motion and palpable crepitation on range of motion and lumbar spine with muscle spasm and tenderness to the paraspinal musculature, sacroiliac region and sciatic notch with decreased range of motion and positive right straight leg raise. Current diagnoses included right knee pain status post arthroscopic surgeries, lumbar spine sprain/strain, right lumbar spine radiculitis, anxiety, depression and chronic pain. The physician noted that Celebrex and non-steroidal anti-inflammatory medications had caused stomach upset in the past. The treatment plan included orthopedic consultation, x-rays and magnetic resonance imaging lumbar spine, neurosurgery consultation, six sessions of psychotherapy and medications (Norco, Flexeril, Mirtazapine and Klonopin).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #15 per month:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient has ongoing left knee pain and low back pain, which travels into the left lower extremity. The current request is for Flexeril 10mg #15 per month. In regards to Flexeril, CA MTUS guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain, however, in most cases, they show no benefit beyond NSAIDS in pain and overall improvement. Guidelines do not support chronic pain management with the use of muscle relaxants. Furthermore, the records indicate there have been multiple requests and non-certification for Flexeril due to lack of guideline compliance. The records indicate a gradual worsening of symptoms over time as opposed to an acute exacerbation. The available records do not establish medical necessity in this case for the above mentioned request. Therefore, it is not medically necessary.

**Klonopin .5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** The patient has ongoing right knee pain and low back pain, which travels into the right lower extremity. The current request is for Klonopin 0.5mg. Klonopin is a benzodiazepine used as a sedative and muscle relaxant. The treating physician states, Klonopin .5mg one tablet bid for anxiety. It is unknown how long the patient has been prescribed Klonopin, but the current request is for a refill. The MTUS Guidelines state, Benzodiazepines--not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. MTUS does not support the usage of this medication beyond 4 weeks so it is unclear why this medication continues to be prescribed and has not been weaned at this point. In this case, the patient has been prescribed Klonopin for longer than 4 weeks, which is not supported by MTUS. The current request is not medically necessary.