

<b>Case Number:</b>	CM15-0107347		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	11/04/2003
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts

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 70-year-old male, who sustained an industrial injury on 11/04/2003. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left knee meniscus tear, status post surgery with chronic knee pain, right knee meniscus tear, status post surgery with chronic knee pain, and left hand and wrist chronic pain status post two surgeries, and degenerative joint disease, right knee. Treatments to date include activity modification, medication therapy, physical therapy, cortisone injections and Synvisc injections. Currently, he complained of increasing pain and muscle spasm in the right leg and knee associated with burning sensation and numbness. The medical records indicated increasing pain and increasing varus deformity over the previous months with a pending authorization for a total right knee replacement due to failure to respond to conservative treatment including cortisone injections and Synvisc injections. On 5/7/15, the physical examination documented the right knee demonstrated a varus deformity, extension lag, and mild effusion. There was tenderness, cramping, and muscle spasms noted to quadriceps and calf muscle regions and numbness in the foot. The provider documented continued peroneal neuropraxia and muscle spasms due to gait modification. The plan of care included Flexeril 10mg tablets, one tablet three times a day #100 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg quantity 100 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant has a remote history of a work injury occurring in November 2003 and continues to be treated for right knee pain. When seen, he was having increasing pain and right lower extremity muscle spasms with burning and numbness. He was requesting Flexeril. Physical examination findings included tenderness, cramping, and muscle spasms. Prior treatments have included physical therapy, injections, and medications. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with intended long-term use and was therefore not medically necessary.