

Case Number:	CM15-0108250		
Date Assigned:	06/12/2015	Date of Injury:	09/05/2008
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/04/2015

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 is a 59 year old female with a September 5, 2008 date of injury. A progress note dated May 19, 2015 documents subjective findings (chores around the house are minimized; pain is frequent to constant along the lower extremities; clicking with walking; weakness on the right knee is noted), objective findings (tenderness along the joint line medially and laterally noted in the bilateral knees; tenderness along the inner and outer patella bilaterally; positive compression test and equivocal inhibition test, especially on the left knee; outer patella very symptomatic on the right knee), and current diagnoses (internal derangement of the knees bilaterally). Treatments to date have included right knee meniscectomy, steroid injections, therapy, imaging studies, use of a cane, and medications. The treating physician documented a plan of care that included Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 63-66.

Decision rationale: The patient presents with frequent to constant bilateral knee pain with weakness on the right knee. Additionally, she suffers from shooting pain radiating from her lower back down her right leg. Current diagnosis includes internal derangement of knees bilaterally status post meniscectomy on the right. The current request is for Flexeril 7.5mg #30. Flexeril (cyclobenzaprine) is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. The treating physician requests on 5/19/15, Flexeril 7.5 mg. MTUS guidelines regarding Cyclobenzaprine (Flexeril) state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." In this case, it is unclear how long the patient has been medicating with Cyclobenzaprine but it appears usage dates back till at least 3/10/15 (B88) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of Flexeril. The current request is not medically necessary.