

<b>Case Number:</b>	CM15-0149466		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	02/27/2001
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of February 27, 2001. In a Utilization Review report dated July 9, 2015, the claims administrator approved a request for Relafen while failing to approve request for Flexeril. The claims administrator referenced a July 2, 2015 RFA form and an associated progress note of June 22, 2015 in its determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of bilateral knee pain. The applicant was given prescriptions for Tramadol and Flexeril. The applicant was asked to continue usage of a wheeled walker. The applicant had undergone earlier failed knee surgeries. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On April 24, 2015, Relafen and Flexeril were renewed. The applicant was using a cane and/or a walker to move about, the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flexeril 5mg:** Upheld

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

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

**Decision rationale:** No, the request for Flexeril (Cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact, using a variety of other agents, including Tramadol, Relafen, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the renewal request for Cyclobenzaprine represented treatment in excess of the "short course of therapy" for which Flexeril was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.