

<b>Case Number:</b>	CM15-0166694		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 60 year old female with a June 12, 2013 date of injury. A progress note dated July 23, 2015 documents subjective complaints (right knee pain rated at a level of 7 out of 10), objective findings (no signs of infection of the knee; incision well healed; decreased range of motion; favors left lower extremity with ambulation), and current diagnoses (status post right total knee arthroplasty; right shoulder impingement). Treatments to date have included medications, right total knee arthroplasty on May 29, 2015, physical therapy, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Cyclobenzaprine 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine 7.5 MG Qty 90 DOS 7/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The patient presents with right knee pain with compensatory left knee pain. The current request is for Cyclobenzaprine 7.5mg, quantity 90. The treating physician states on 8/13/15 (12B), "Cyclobenzaprine decreases spasms, for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance of exercise, and additional decrease in overall level average 3-4 points average on 10 scale." MTUS guidelines state, "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of the clinical history provided documents that the patient has used cyclobenzaprine, since at least 3/5/15 (233B). In this case, the patient has been utilizing cyclobenzaprine on a long term basis, which is not supported by the MTUS guidelines. Therefore, the current request is not medically necessary.