

<b>Case Number:</b>	CM15-0182568		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	02/06/2008
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 47 year old female, who sustained an industrial injury on 2-6-08. The documentation on 8-6-15 noted that the injured worker injured worker has complaints of right knee pain. The injured worker has tenderness along the right knee and mild swelling. The injured worker is able to extend her knee to about 165 degrees, flexion is to 115 degrees, and she has tenderness across the joint line medially and laterally. The diagnoses have included unspecified internal derangement of knee; chondromalacia of patella and depressive disorder, not elsewhere classified. Treatment to date has included Percocet for pain; Effexor for depression; Trazodone for insomnia; Naproxen for inflammation; AcipHex for gastritis; Flexeril for muscle spasms; front-wheeled walker; right knee arthroscopy on 4-22-13 and land-based exercise. The original utilization review (8-17-15) non-certified the request for Flexeril 7.5mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg quantity 60:** 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The MTUS addresses use of Flexeril, recommending it as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Per the MTUS, treatment should be brief. In this case, the chronic nature of treatment coupled with the lack of substantial evidence to support use of the drug due to lack of evidence for functional improvement on muscle relaxers previously, Flexeril cannot be considered medically necessary.