

<b>Case Number:</b>	CM15-0184822		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/27/2002
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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(n) 55 year old female, who sustained an industrial injury on 12-27-02. The injured worker was diagnosed as having chronic lumbar strain, bilateral knee arthritis and depression. Subjective findings (4-4-15, 7-27-15) indicated the injured worker is dealing with chronic pain in her back, legs and upper extremities. Objective findings (6-15-15, 7-27-15) revealed decreased motion and stiffness in the lumbar spine and cracking and crepitation in the knees. There is no mention of current pain level or pain level with and without medications. As of the PR2 dated 9-5-15, the injured worker reports continued back and knee pain. Objective findings include lumbar flexion is 50 degrees, extension is 15 degrees and knee range of motion is 0-110 degrees. There is also patellofemoral pain, cracking and crepitation. Current medications include Norco and Flexeril (since at least 6-15-15). Treatment to date has included a left knee arthroscopy on 4-13-12 and psychiatric treatments. The Utilization Review dated 9-15-15, non- certified the request for an unknown prescription for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Prescription for Flexeril:** 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 claimant has a remote history of a work injury occurring in December 2002 when, while working as a Certified Nurse's Assistant, she was squatting down and lost her balance with injury to the left knee. She underwent arthroscopic knee surgery in July 2003 and had revision surgery in April 2012. She continues to be treated for bilateral knee pain, chronic lumbar pain, and secondary depression. When seen, she was continuing to look for work. She was having ongoing back and bilateral knee pain. Physical examination findings included transitioning from a seated position with use of her arms. She had pain when standing on her toes and heels. There was decreased and painful lumbar spine range of motion. There was cracking and crepitus and with knee range of motion which was decreased. Medications were refilled including Norco and Flexeril. 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, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. Ongoing muscle spasms are not documented. Continued prescribing is not considered medically necessary.