

<b>Case Number:</b>	CM15-0185395		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/09/2002
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 75-year-old female with an industrial injury date of 07-09-2002. Medical record review indicates she is being treated for status post left knee arthroscopy-post operative MRI revealing recurring medial meniscal tear with synovitis, patellofemoral syndrome. Medical history included myocardial infarction, diabetes, restless leg syndrome and chronic obstructive pulmonary disease. Subjective complaints (08-04-2015) included "severe" pain of left knee. "She can hardly kneel or weight bear." Her pain rating is documented as 8 out of 10, at best 4 out of 10 with and 10 out of 10 without medications. The injured worker reported 50% reduction in pain and functional improvement with activities of daily living with medications versus not taking them at all. The injured worker stated her worker's comp had denied her surgery (left total knee replacement) and "they are also now denying all of her medications. " Prior treatment note (06-23-2015, 04-23-2015 and 03-26-2015) document the same pain levels, reduction in pain and functional improvement as documented in the above note (08-04-2015). Physical exam findings (08-04-2015) included a "very swollen knee." Flexion was documented at 110 degrees and extension at 0 degrees. Other documented findings included crepitus on passive range of flexion and extension, "excessive" laxity with varus and valgus maneuvers and anterior drawer sign, McMurray sign revealed an audible click medially and patellar compression was painful. "She ambulates with a slight limp with both lower extremities." Her medications included: Norco 10-325 mg one every 4-6 hours as needed for pain - limit of 4 per day, Naprosyn 500 mg twice daily, Flexeril 10 mg every 6 hours as needed (severe leg cramps due to claudication due to knee injury), Wellbutrin XL 150 mg daily. The injured worker had been taking the above medications at least since 01-15-2015. Prior treatments included Hyalgan injections, left knee arthroscopy, home exercise program and medications. Prior medications include Vicodin, Vioxx, Mobic and

Zanaflex. The treating physician documents the following (08-04-2015): "She is under a narcotic contract with our office. Urine drug screens have been appropriate. She is also reporting functional improvement and decreased level of pain. It is my opinion that she is on the very lowest narcotic dose to maintain a level of function." The request for authorization dated 08-10-2015 included Flexeril 10 mg #30. On 08-18-2015 the request for Flexeril 10 mg #30 was non-certified by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #30:** 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 MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of use of Flexeril on a chronic basis, which is not recommended by the Guidelines. Also, there was no documented functional gains directly related to its use, which might have helped to justify this request. Therefore, the request to continue regular use of Flexeril is not medically necessary.