

<b>Case Number:</b>	CM15-0192373		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/11/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina

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:

This is a 38 year old male with a date of injury of February 11, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, knee pain, and knee meniscal tear. Medical records dated August 6, 2015 indicate that the injured worker complained of left knee pain, occasional locking and catching of the knee, and a giving way sensation. A progress note dated September 1, 2015 documented complaints of spine and joint pain. Per the treating physician (June 9, 2015), the employee was to return to working full duties with no limitations. The physical exam dated August 6, 2015 reveals no specific tenderness to palpation of the left knee, and guarding on examination. The progress note dated September 1, 2015 documented a physical examination that showed no abnormal findings regarding the spine or the knees. Treatment has included medications (Norco since at least March of 2015; Cyclobenzaprine 10mg since at least August of 2015), physical therapy, and a cortisone injection that provided temporary relief. The urine drug screen dated June 9, 2015 showed results consistent with the injured worker's prescribed medications. The original utilization review (September 14, 2015) non-certified a request for Flexeril 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic pain syndrome. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.