

<b>Case Number:</b>	CM15-0199692		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	07/16/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, Texas, New Mexico  
 Certification(s)/Specialty: Anesthesiology

### 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 60 year old, male who sustained a work related injury on 7-16-08. A review of the medical records shows he is being treated for right knee pain. In the progress notes dated 7-29-15, 8-26-15 and 9-23-15, the injured worker reports continued constant right knee pain. He states it is better with colder weather and ice machine. He states it is worse with ambulation. He states he has better pain control with taking his Methadone. He notes he has right leg muscle spasms made better with use of Cyclobenzaprine in this last progress note. On physical exam dated 9-23-15, there are no physical findings of the right knee. He uses 2 canes to ambulate. Treatments have included being a graduate of a functional restoration programs, medications and home exercises. Current medications include Doc-q-lace, Baclofen, Methadone, Glipizide, Lisinopril and Gabapentin. Cyclobenzaprine was not included in the current medications list. He is permanently disabled. The treatment plan includes requests for a psychology consult and medications of Cyclobenzaprine and Methadone. In the Utilization Review dated 10-5-15, the requested treatments of Cyclobenzaprine 7.5mg #30 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Medical History, and Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain.

**Decision rationale:** This is a review of the request for Cyclobenzaprine 7.5 mg #30. Cyclobenzaprine (Flexeril) is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is recommended as a short course of therapy for the management of pain. However, according to MTUS Guidelines muscle relaxants, in general, should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. According to the medical record, this patient has been taking Cyclobenzaprine chronically with no long-term improvement in pain management. As a central nervous system depressant, the side effects of cyclobenzaprine include drowsiness, urinary retention and headaches. MTUS Guidelines do not recommend chronic use of Cyclobenzaprine. Therefore, the above listed issue is NOT medically necessary.