

<b>Case Number:</b>	CM15-0202815		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/25/1993
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 75 year old male, who sustained an industrial injury on February 25, 1993, incurring bilateral knee injuries. He had a history of a right knee medial meniscus tear in 1991, with a repair to the right knee. He was also diagnosed with heart disease in 1993, suffering a myocardial infarction. Treatment included cardiac medications, muscle relaxants, pain medications, steroid injections, and activity restrictions. Currently, the injured worker complained of frequent daily pain in the left knee with swelling, popping and giving way. Symptoms were increased with walking, climbing steps, prolonged walking and standing. Symptoms were relieved by rest, medications, massage, injections and Neoprene supports. He currently, complained of a widespread red, rough rash over his body. He was treated with a topical steroidal cream. The treatment plan that was requested for authorization included a prescription for Flexeril 10 mg #20 with 2 refills. On September 30, 2015, a request for a prescription for Flexeril 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 #20 with 2 refills:** 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:** According to the MTUS section on chronic pain muscle relaxants (such as flexeril) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the patient has used this muscle relaxant longer than the recommended amount of time. The continued use is not medically necessary.