

Case Number:	CM15-0210511		
Date Assigned:	10/29/2015	Date of Injury:	02/16/2011
Decision Date:	12/10/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/26/2015

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, Oregon,
 Washington Certification(s)/Specialty: Orthopedic
 Surgery

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 50 year old male who sustained an industrial injury February 16, 2011. Past history included hypertension, status post intervention left knee March 19, 2015, status post two surgical interventions right knee, status post two cortisone injections right knee and one series of Hyalgan injections. According to a treating physician's office notes dated September 30, 2015, the injured worker presented with complaints of bilateral knee pain, more in the medial than lateral joint line, with some instability (not specified) He is bracing and using a compression sleeve which are helpful. He walks with a cane and complains of ongoing anxiety, depression and insomnia, secondary to pain. The physician documented he is approved for Hyalgan injections to the bilateral knees for the next 5 months and received an injection to the right and left knee. Current medication included Lunesta, Tramadol, Effexor, Ultracet, Trazodone, and Flexeril (since at least August 31, 2015). Objective findings included; tenderness along both knees, medial greater than lateral; extension is about 170 degrees bilaterally and flexion is 120 degrees on the right and less than 90 degrees on the left. Diagnoses are internal derangement of the left knee with an MRI revealing a lateral meniscus tear; internal derangement of the right knee; discogenic lumbar condition; depression. At issue, is the request for authorization dated September 30, 2015, for Flexeril. According to utilization review dated October 10, 2015, the request for Flexeril 7.5mg Quantity: 60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: 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), Cyclobenzaprine (Flexeril).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no evidence of muscle spasms on review of the medical records from 9/30/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus the recommendation is for non-certification. Therefore, the requested treatment is not medically necessary.