

<b>Case Number:</b>	CM15-0215970		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	10/07/2002
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male, who sustained an industrial injury on 10-07-2002. He has reported injury to the left knee. The diagnoses have included left knee pain; ACL (anterior cruciate ligament) tear, left knee; and status post left knee ACL reconstruction with allograft, on 06-05-2015. Treatment to date has included medications, diagnostics, activity modification, bracing, physical therapy, and surgical intervention. Medications have included Norco, Flexeril, and Soma. A progress report from the treating physician, dated 10-07-2015, documented a follow-up visit with the injured worker. The injured worker reported that he is doing quite well; and physical therapy is helping. Objective findings included he has good range of motion, good stability, and he does not require a brace. The provider noted that "he is on Coumadin, so he is unable to take anti-inflammatory medication; he takes Soma at this point; I want to change it to Flexeril which is better for him". The provider documented that the "physical therapy is helping, so we will continue that, twice a week for four weeks and standard ACL protocol, hamstring and quadriceps strengthening". A physical therapy progress note, dated 09-01-2015, documented that the gait is improved. The treatment plan has included the request for Cyclobenzaprine 7.5 mg #60; and physical therapy for the left knee, twice a week for 4 weeks. The original utilization review, dated 10-27-2015, non-certified the request for Cyclobenzaprine 7.5 mg #60; and physical therapy for the left knee, twice a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #60:** 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 Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no recorded physical examination when this medication was prescribed. There were no complaints of muscle spasms. Prescribing Flexeril was not medically necessary.

**Physical therapy for the left knee, twice a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the claimant's response to the treatments already provided is not documented. There are no physical examination findings reported and therefore no ongoing impairment is identified. For these reasons, the request is not medically necessary.