

<b>Case Number:</b>	CM15-0038498		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 40-year-old [REDACTED] who has filed a claim for knee and leg pain reportedly associated with an industrial injury of November 10, 2014. In a utilization review report dated February 19, 2015, the claims administrator retrospectively denied a request for Flexeril. An RFA form received on January 23, 2015 was referenced in the determination. The claims administrator referenced a progress note of January 12, 2015 in its determination. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported ongoing complaints of knee pain. The applicant was using Norco for pain relief. The applicant was given a diagnosis of knee tendonitis and bursitis. The attending provider suggested that the applicant transfer care to an orthopedist. On January 29, 2015, the applicant reported ongoing complaints of knee pain, 8/10. The applicant was to continue Naprosyn and Tylenol No. 3. Flexeril was discontinued. Norflex was introduced. The applicant was given a rather proscriptive 5-pound lifting limitation, seemingly resulting in the applicant's removal from the workplace. There was no mention made of any issues with muscle spasm. On January 12, 2015, the applicant again presented with knee tendonitis and knee bursitis. Naprosyn, Flexeril, and Ultracet were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49.

**Decision rationale:** 1. No, the request for Flexeril, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxants such as Flexeril are deemed "not recommended." While ACOEM Chapter 3, page 47 does qualify the unfavorable position on muscle relaxants by noting that muscle relaxants have been shown to be useful as antispasmodics, in this case, however, there was no mention of the applicant as having issues with muscle spasm on or around the January 12, 2015 progress note in question. The applicant's primary stated diagnoses on that date were knee tendonitis and knee bursitis. Therefore, the request was not medically necessary.