

<b>Case Number:</b>	CM15-0039445		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<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: California  
 Certification(s)/Specialty: Emergency 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 47 year old female, who sustained an industrial injury on 4/29/2012. The details surrounding the initial injury and prior treatments to date were not submitted for this review. The diagnoses have included right knee tear and right elbow epicondylitis. Currently, the IW complains of constant right elbow pain associated with stiffness and weakness rated 8-9/10 VAS. There was also intermittent right knee pain. The physical examination from 1/26/15 documented tenderness in the right elbow with decreased Range of Motion (ROM). There was a positive McMurray's sign, tenderness, crepitus and effusion noted to the right knee. The plan of care was for continuation of medications as previously prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Cyclobenzaprine 7.5 mg #100 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has right knee and right elbow pain. The treating physician has documented tenderness in the right elbow with decreased Range of Motion (ROM). There was a positive McMurray's sign, tenderness, crepitus and effusion noted to the right knee. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5 mg #100 is not medically necessary.