

<b>Case Number:</b>	CM15-0049362		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 46 year old female, who sustained an industrial injury on 9/5/08. She reported right knee injury. The injured worker was diagnosed as having status post right total knee replacement, mechanic instability of right total knee prosthesis and chronic low back pain. Treatment to date has included knee brace, knee injections, total knee replacement, anti-inflammatory medications, oral medications including opioids, activity restrictions, physical therapy and home exercise program. Currently, the injured worker complains of increased medial sided knee pain following knee giving out several weeks prior to exam. The injured worker had good results with Flexeril. Upon physical exam slight hyperextension of the knee is noted along with a healed incision. The treatment plan consisted of continuation of oral medications including Norco, Voltaren, Omeprazole and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 9 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Cyclobenzaprine (Flexeril) Page(s): 63-64, 41.

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

**Decision rationale:** According to MTUS guidelines, Flexeril, a non-sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore, the request for Flexeril 10 MG # 9, with 2 refills is not medically necessary.