

<b>Case Number:</b>	CM15-0052621		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 37 year old female, who sustained an industrial injury on March 27, 2012. She reported right knee pain. The injured worker was diagnosed as having unspecified internal derangement of the knee and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, hyalgan, a TENS unit, psychotherapy, medications and work restrictions. Currently, the injured worker complains of depression, right knee pain and back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She reported squatting down at work to get something from the bottom shelf and was stuck, unable to rise. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 26, 2014, revealed continued pain. Evaluation on February 24, 2015, revealed continued pain. Physical therapy, medications and a knee brace was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics.

**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 relaxants, 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 evidence of pain flare or spasm and the prolonged use of Flexeril is not justified (Flexeril has been prescribed for a longtime). Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.