

<b>Case Number:</b>	CM15-0087211		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/02/1999
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 was a 71-year-old male, who sustained an industrial injury, April 2, 1999. The injured worker previously received the following treatments home exercise program, Prilosec, Percocet, Soma and Flexeril. The injured worker was diagnosed with right knee clicking, right knee replacement November 2011, left knee pain, worse with kneeling or repetitive movement of the knee, status post left knee replacement on December 2012, depression due to continued pain and insomnia due to knee pain. According to progress note of March 24, 2015, the injured workers chief complaint was bilateral knee pain, right greater than the left. The injured worker rated the pain 7 out of 10 without pain medication and 5 out of 10 with pain medication. The physical exam noted slight swelling of the right knee with minimal swelling of the left knee. There was decreased range of motion to the bilateral knees. The treatment plan included a prescription for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Flexeril 5mg (quantity unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on muscle relaxants (prior SOMA) for several months. The amount of Flexeril prescribed was not specified. The continued use of muscle relaxants including Flexeril is not medically necessary.