

<b>Case Number:</b>	CM15-0089778		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 is a 71 year old male, who sustained an industrial injury on 7/13/2009. He reported injury from twisting his knee on loose gravel. The injured worker was diagnosed as having left knee arthroscopy, revision left total knee arthroplasty, left knee manipulation, left knee degenerative joint disease and depression. There is no record of a recent diagnostic study. Treatment to date has included multiple surgeries, physical therapy and medication management. In a progress note dated 3/24/2015, the injured worker complains of severe left knee pain that has improved since the last knee revision and left lower extremity spasm. Medications included Norco, Effexor and Flexeril. The treating physician is requesting Flexeril 10 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril Tab 10mg #60 with 0 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril  
 Page(s): 23.

**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. In this case the Flexeril was added to Norco and had been provided a 2 month supply. The prolonged and combined use of Flexeril is not medically necessary.