

<b>Case Number:</b>	CM14-0143535		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/20/1996
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old male who reported injury on 08/20/1996. The mechanism of injury was not submitted for review. The injured worker has diagnoses of knee pain, cervical radiculopathy, cervical facet syndrome, depression not otherwise specified, spasm of muscles, and patellofemoral syndrome. Past medical treatment consists of lumbar epidural steroid injections, lumbar facet injections, trigger point injections, physical therapy, acupuncture, chiropractic therapy, the use of a TENS unit, home exercise program, and medication therapy. Medications include Flexeril, Gabapentin, Lexapro, Imitrex, Mobic, Ambien, Duragesic, Norco, and Hydroxychloroquine. The injured worker has undergone MRI of the cervical spine, MRI of the right knee, x-rays of the right knee, and x-rays of the left knee. On 08/13/2014, the injured worker complained of neck pain and right knee pain. Examination of the right knee revealed no deformity, swelling, quadriceps atrophy, asymmetry, or malalignment. Range of motion was restricted with flexion, limited to 120 degrees, but normal extension. There was tenderness to palpation noted over the lateral joint line, medial joint line, and pain in the popliteal fossa. The right knee was stable to valgus stress in extension and at 30 degrees. The right knee was stable to varus stress in extension and at 30 degrees. There was a negative anterior drawer, 1A Lachman's test, and negative pivot shift test. Patellar grind test and McMurray test were positive. Examination of the cervical spine revealed range of motion was restricted with flexion limited to 30 degrees, extension limited by pain; right lateral bending was limited to 15 degrees limited by pain; left lateral bending was limited to 15 degrees; lateral rotation to the left limited to 30 degrees; lateral rotation on the right limited to 30 degrees; and the injured worker was guarding with passive neck extension. There were paravertebral muscle spasm and trigger points noted on examination. Spurling's maneuver caused pain in the muscle of the neck, but no radicular symptoms. Sensory examination revealed normal touch, pain, temperature, deep

pressure, vibration, tactile localization, and tactile discrimination. Knee extensors were 4+/5 bilaterally, knee flexors were 4+/5 bilaterally, and hip flexors were 4/5 on the right and 4+/5 on the left. The treatment plan is for the injured worker to continue the use of Flexeril 10 mg. The provider respectfully asked for the continuation of Flexeril due to the injured worker's taking it as needed for spasm and finds it helpful to reduce the tension in his upper back and neck. The Request for Authorization Form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** The request for Flexeril 10 mg #60 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request for Flexeril 10 mg #60 exceeds the recommended guidelines of short term therapy. Additionally, the submitted documentation indicated that the injured worker had been taking Flexeril since at least 04/2014. Furthermore, the provided medical records lacked documentation of significant objective functional improvement with the medication. The efficacy of the medication was also not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Flexeril is not medically necessary.