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| <b>Case Number:</b>   | CM14-0185367 |                              |            |
| <b>Date Assigned:</b> | 11/13/2014   | <b>Date of Injury:</b>       | 10/15/2007 |
| <b>Decision Date:</b> | 12/17/2014   | <b>UR Denial Date:</b>       | 10/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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 & Rehabilitation and is licensed to practice in New York. 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 46-year-old female who reported an injury on 01/15/2007. The mechanism of injury was not provided. Her diagnoses were noted to include left medial and lateral meniscal tear and left knee degenerative joint disease. Past treatments were noted to include cortisone injections, activity modification, and medications. On 09/03/2014, it was noted the injured worker rated her pain as an 8/10 without medications and 5/10 with medications. Upon physical examination, it was noted the injured worker had tenderness to palpation over the left lateral epicondyle and slightly limited range of motion to her right shoulder. Her relevant medications were noted to include Effexor, Norco 10/325 mg, Flexeril 7.5 mg, Lyrica 75 mg, Prilosec 20 mg, Medrox ointment, ibuprofen, and etodolac. The treatment plan was noted to include medications, including Effexor 75 mg, Norco 10/325 mg, Flexeril 7.5 mg, and Lyrica 75 mg. A request was received for Flexeril 7.5 mg 1 tab twice a day as needed #60 without a rationale. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg 1 tab 2x/day as needed #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66.

**Decision rationale:** The request for Flexeril 7.5mg 1 tab 2x/day as needed #60 is not medically necessary. According to the California MTUS Guidelines, Flexeril is a muscle relaxant recommended no more than 2 to 3 weeks. It was noted in the clinical documentation that this injured worker had been on Flexeril since at least 07/2014. As the guidelines do not recommend the use of Flexeril to exceed 3 weeks, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration of use. As such, the request for Flexeril 7.5mg 1 tab 2x/day as needed #60 is not medically necessary.