

<b>Case Number:</b>	CM15-0016891		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old female, who sustained an industrial injury on January 7, 2014. The diagnoses have included bilateral knee chondromalacia patella, thoracic lumbar strain, and left wrist strain. Treatment to date has included oral medications. Currently, the injured worker complains of pain low back and knees left wrist doing well. In a progress note dated December 23, 2014, the treating provider reports injured worker used four point cane without cane limp on left side, limited range of motion in lumbar, knees with crepitus left>right positive grind test. On December 30, 2014 Utilization Review non-certified a Flexeril HCL 7.5mg, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril HCL 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), page 41 (2) Muscle relaxants, page 63. Page(s): 63.

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for pain including chronic low back pain. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Flexeril was not medically necessary.