

<b>Case Number:</b>	CM15-0114373		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/19/2001
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 40 year old female, who sustained an industrial injury, June 19, 2001. The injured worker previously received the following treatments LidoPro ointment, Norco Flexeril, Voltaren Gel and 6 acupuncture treatments. The injured worker was diagnosed with pain in the joint of the lower extremity and chronic bilateral knee pain. According to progress note of May 12, 2015, the injured worker's chief complaint was bilateral knee pain. The injured worker reported that the pain would wax and wane, depending on the weather. The injured worker was also having some pain in the lower back, perhaps from the stress of the bilateral knee pain. The injured worker indicated that the pain was being managed well with the medications as needed. The injured was not having significant side effects from the medications. The LidoPro Gel was helpful to the bilateral knee intermittently as needed. The physical exam noted the injured worker to be obese. The knees were stable. There was no knees tenderness to palpation pressure over the knees. There was no swelling or erythema of the knees. The treatment plan included a prescription renewal for Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 41-42, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the risk of tolerance, dependency, addiction, sedation and adverse interactions with opioids and sedative medications. The records indicate that the patient is utilizing opioids concurrently. The duration of utilization of Flexeril had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of significant objective findings that is consistent with diagnosis of exacerbation of musculoskeletal pain. The criteria for the use of Flexeril 10mg #60 is not medically necessary.