

<b>Case Number:</b>	CM15-0117647		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: 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 54-year-old male who sustained an industrial injury on April 15, 2013. He has reported chronic pain, tear of the meniscus of the knee, and osteoarthritis of the ankle and has been diagnosed with other tear of cartilage of meniscus of knee, current, osteoarthritis of the ankle, and chronic pain. Treatment has included physical therapy, medications, medical imaging, injections, and a TENS unit. Motor strength to the knees was within normal limits except for knee flexors, which were graded 4/5. There was joint tenderness noted in the medial lateral joint line right knee and right lateral malleolus. The treatment request included cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg (daily), #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants including Cyclobenzaprine as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's chronic symptoms. There is insufficient documentation in the medical records on the treatment effect of Cyclobenzaprine to date. As noted in the above-cited guidelines, treatment with Cyclobenzaprine should be brief. There is insufficient justification to support long-term use. For these reasons, Cyclobenzaprine #30 with 5 refills is not medically necessary.