

<b>Case Number:</b>	CM15-0175509		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/07/2015

### 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, North Carolina  
 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 56 year old male, who sustained an industrial injury on November 13, 2013. He reported right knee pain after falling from a ladder. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in the joint of the lower leg, status post partial medial meniscectomy and long term use of medications. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right knee, physical therapy of the right knee, right knee injection of contrast, home exercises, medications and work restrictions. Currently, the injured worker continues to report low back pain with associated radiating pain into the right leg and foot secondary to an altered gait and right knee pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on May 1, 2015, revealed continued pain as noted. It was noted magnetic resonance imaging (MRI) of the lumbar spine on March 31, 2015, revealed mild multilevel degenerative changes and moderate neural foraminal narrowing. The right knee MRI in 2014, revealed multiple abnormalities and post-surgical changes. Evaluation on June 5, 2015, revealed continued pain with associated symptoms as noted. Work restrictions continued. It was noted the right knee pain had worsened. Synvisc or Cortisone injection of the knee was considered. The injured worker deferred right knee surgery at this time. Evaluation on August 21, 2015, revealed continued pain as noted. It was noted he was having muscle spasms in the right calf. The injured worker was noted to request a medication for muscle spasm. He reported he was using Norco and an anti-inflammatory for pain but needs medication for spasms. The RFA included a request for Cyclobenzaprine 5mg,

#60 and was modified on the utilization review (UR) on September 1, 2015.

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

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

**Cyclobenzaprine 5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS Guidelines state that muscle relaxants like Cyclobenzaprine are recommended for short course therapy. Limited, mixed evidence does not allow for recommendation for chronic use. Muscle relaxants are most effective in the first 3-4 days of use for acute spasm. They should be used for no more than 2-3 weeks. In this case, the claimant has muscle spasms in the calf, so muscle relaxants are an option. However the prescription is for #60, which exceeds the amount necessary to treat for 2-3 weeks. Therefore, the request is not medically necessary or appropriate.