

<b>Case Number:</b>	CM15-0177523		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/05/2008
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, 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 60 year old female, who sustained an industrial injury on 9-05-2008, after a slip and fall, landing on both knees. Multiple claims for industrial related injuries were noted. The injured worker was diagnosed as having internal derangement of the knees bilaterally, status post meniscectomy on the right, with possibly 2 cortisone steroid injections prior to surgery, followed by physical therapy. Her past medical history included gastroesophageal reflux disease and hypertension. Treatment to date has included diagnostics, right knee surgery, transcutaneous electrical nerve stimulation unit, cortisone injections, and medications. Currently (8-25-2015), the injured worker complains of "frequent to constant" pain along the lower extremities, clicking with walking, and weakness in the right knee. Pain was not rated. It was documented that she was approved and measured for custom braces for both knees, 4 lead transcutaneous electrical nerve stimulation unit, and hot-cold wrap. Objective findings included "180 degrees of extension and flexion is 125 degrees" for the knees. Tenderness along the joint lines, medially and laterally, was noted. Tenderness along the inner and outer patella was noted bilaterally. Positive compression test and equivocal inhibition test, "especially the left knee" was documented. The outer patella was "very symptomatic on the right knee". She received a cortisone injection for the right knee, along with Naproxen, Aciphex, Flexeril 7.5mg #60, and Ultracet. She declined to use Neurontin because it made her sleepy. It was documented that she was certified Flexeril on 3-17-2015 and 5-27-2015 and non-certified Flexeril on 6-03-2015, noting that she did not receive the Flexeril of 5-27-2015. She was prescribed Norflex ER 100mg #60, Naproxen, Aciphex, and Tramadol ER. X-ray of the left knee (7-15-2015) showed

degenerative change at the patellofemoral more than medial compartment. Magnetic resonance imaging of the right knee (7-15-2015) showed medial and lateral meniscus tears, chondromalacia patella with reactive change in the bone, and either fragmentation along the lateral aspect of the patella versus calcification in the retinaculum. Magnetic resonance imaging of the left knee (7- 22-2015) noted degenerative change at the patellofemoral more than medial compartment and no fracture. She retired in 2012. On 9-02-2015, Utilization Review non-certified Flexeril 7.5mg #60 (dispensed 8-25-2015) and Norflex ER 100mg #60.

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

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

#### **Retrospective Flexeril 7.5mg #60 for DOS 8/25/15: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been given Flexeril along with NSAIDS without mention of muscle spasms in recent notes. The use of Flexeril (Cyclobenzaprine) is not medically necessary.

#### **Norflex ER 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex in combination with NSAIDS without mention of muscle spasms. Use of 2 muscle relaxants as had been prescribed above is not recommended.