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| <b>Case Number:</b>   | CM15-0177684 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 03/15/2015 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 09/03/2015 |
| <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: Maryland

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

### 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 44 year old female who sustained an industrial injury on 3-15-2015. A review of medical records indicates the injured worker is being treated for internal derangement of the left knee, probable medial collateral ligament injury, left knee, possible meniscus injury, left knee, and left ankle pain, rule out osteochondral injury. Medical records dated 8-1-2015 noted left ankle pain a 5 out 10. On 7-20-2015 left ankle pain was rated a 5 out 10. Medications facilitate maintenance of activities of daily living. It is noted Cyclobenzaprine decreased spasm facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level average 3-4 points average on 10 scale. Physical examination noted tenderness of the left knee with medial and lateral joint line tenderness. Right degrees, extension lacks 10 degrees. There was crepitation with range of motion assessment. She favored the right lower extremity with ambulation. MRI of the left knee dated 4-16-2015 revealed low-grade medial collateral ligament complex sprain, intact menisci and cruciate ligaments, and small volume popliteal cyst. Treatment has included physical therapy, activity modification, heat, and medications (Cyclobenzaprine since at least 7-20-2015). Utilization review form dated 9-3-2015 noncertified Cyclobenzaprine 7.5mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg #90 dispensed 8-10-15: 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:** Retrospective Cyclobenzaprine 7.5mg #90 dispensed 8-10-15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 5mg is not medically necessary.