

<b>Case Number:</b>	CM15-0076387		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	11/18/1996
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New Jersey

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 a work related injury on 11/18/96. The diagnoses have included left anterior cruciate ligament tear, patellofemoral chondromalacia and bilateral medial meniscus tears. The treatments have included MRIs, use of a knee brace, bilateral knee surgeries, medications, acupuncture, trigger point injections and physical therapy. In the PR-2 dated 4/8/15, the injured worker complains of right greater than left knee pain. He states pain has improved overall. The treatment plan is a refill of Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 MG #90 with No Refill Prescribed 04/08/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic

pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the request for Flexeril appears to be for continuous chronic use based on the number of pills requested, and would be more than needed even in the setting of having an acute flare of spasm and pain. Therefore, the request for Flexeril will be considered medically unnecessary.