

<b>Case Number:</b>	CM15-0093010		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/12/2007
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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:

This 62 year old female sustained an industrial injury to the right knee on 4/12/07. On 11/13/07, the injured worker sustained a second industrial injury to the low back. The injured worker later developed back pain. Previous treatment included magnetic resonance imaging, physical therapy, injections, epidural steroid injections, knee immobilizer, hot and cold wrap, H-wave and medications. On 9/14/14, the injured worker underwent right total knee replacement. On 2/6/15, the injured worker underwent right knee manipulation under anesthesia. In a progress note dated 4/17/15, the injured worker had completed twelve sessions of physical therapy. The injured worker had gained 15 pounds since the injury and was not doing many household chores. The injured worker could walk no more than a block, could stand for 15 minutes and sit for 30 minutes. The injured worker reported that she occasionally had buckling, limping, swelling, stiffness and weather effects. The physician noted that the injured worker had increased her Percocet usage significantly. Physical exam was remarkable for mild instability of the right knee with mild tenderness to palpation along the joint line and restricted range of motion. Current diagnoses included internal derangement right knee and status post right total knee replacement. Past medical history included hypertension. The treatment plan included requesting authorization for medications (Naproxen Sodium, Flexeril and Nalfon).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 MG Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Flexeril 7.5 MG Qty 60 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 Flexeril in the past. 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 Flexeril is not medically necessary.