

<b>Case Number:</b>	CM13-0052479		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; a total knee arthroplasty; a TENS unit; and muscle relaxants. In an appeal letter dated October 25, 2013, the attending provider appealed earlier denial for cyclobenzaprine 7.5 mg #60, Norco 10/325 #90, and Relafen 500 mg #60. The attending provider stated that the applicant was using Flexeril for muscle spasm of the calf. The attending provider noted that the applicant was status post total knee arthroplasty. The applicant's work status was not detailed. The attending provider copied various portions of the MTUS Guidelines and used those to support the request for medications. In an earlier note of July 19, 2013, the applicant was declared as permanent and stationary. A permanent 15-pound lifting limitation was in place. The applicant was described as using cyclobenzaprine or Flexeril on a nightly, scheduled-use basis, at that point. The applicant was, furthermore, having issues with sedation as a result of ongoing cyclobenzaprine usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE CYCLOBENZAPRINE 7.5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHYCLOBENZAPRINE TOPIC Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other agents, including Relafen and Norco. Adding cyclobenzaprine or Flexeril to the mix is not indicated. It is further noted that the applicant is reporting a number of adverse effects with ongoing cyclobenzaprine usage, including sedation and grogginess. There is no evidence, furthermore, of functional improvement as defined in MTUS 9792.20f through ongoing cyclobenzaprine usage. The applicant has failed to return to work and has failed to diminish consumption of other medications. Therefore, the request is not medically necessary, for all of the stated reasons.