

Case Number:	CM13-0061055		
Date Assigned:	03/31/2014	Date of Injury:	11/26/2001
Decision Date:	05/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/04/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain, fibromyalgia, anxiety disorder, and chronic pain syndrome reportedly associated with an industrial injury of November 26, 2001. Thus far, the applicant has been treated with analgesic medications, attorney representation, opioid therapy, psychotropic medications, earlier lumbar fusion surgery and muscle relaxants. In a utilization review report of November 18, 2013, the claims administrator approved request for Celebrex, Nexium, Norco, Prozac, and Clorazepate while partially certifying a request for Flexeril. The applicant's attorney subsequently appealed. In a March 19, 2014 letter, the applicant's attorney compromised and released the applicant's claim. The application for Independent Medical Review did not include any clinical progress notes, it is incidentally noted. The only applicant-specific information on file was the compromised and released form. Also in the file were a variety of utilization review reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG, #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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 reportedly using a variety of other agents, including Celebrex, Prozac, Norco, etc. Adding Cyclobenzaprine or Flexeril to the mix is not indicated. It is noted that the attending provider and applicant's attorney did not attach any applicant-specific information, progress note, or commentary along with the application for IMR so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.