MAXIMUS Federal Services

Case Number:	CM13-0071704		
Date Assigned:	01/08/2014	Date of Injury:	03/13/2013
Decision Date:	08/28/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 low back pain reportedly associated with an industrial injury of March 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; muscles relaxants; attorney representation; transfer of care to and from various providers in various specialties; and muscles relaxants. In a utilization review report dated December 5, 2013, the claims administrator denied a request for Flexeril. The applicant's attorney subsequently appealed. In a July 3, 2013 progress note, somewhat blurred as a result of repetitive photocopying, the applicant did seemingly present with a primary complaint of left lower extremity radiculopathy. The applicant's medication list was not incorporated into this report, it is incidentally noted. In an April 24, 2013 progress note, it was acknowledged that the applicant was off of work, on total temporary disability. On April 18, 2013, the applicant was using cyclobenzaprine, omeprazole, Norco, and nabumetone, it was acknowledged. On November 14, 2013, it had appeared that the applicant had transferred care to a new primary treating provider, chiropractor, who suggested that the applicant be referred to physician for medication management purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 61.

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 to other agents is not recommended. In this case, the applicant is seemingly using a variety of other agens, including Relafen and Norco, among others. Adding cyclobenzaprine or Flexeril to the mix is not recommended. The attending provider did not proffer any compelling applicant specific information which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.