

Case Number:	CM14-0103200		
Date Assigned:	07/30/2014	Date of Injury:	02/06/2003
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/03/2014

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 reportedly associated with an industrial injury of February 6, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; sleep aid; and muscle relaxants. In a Utilization Review Report dated June 5, 2014, the claims administrator denied a request for Flexeril. The applicant's attorney subsequently appealed. In a March 6, 2014 letter, the attending provider acknowledged that the applicant was using Zofran, Flexeril, Norco, and Lortab, among other medications. In a progress note dated March 11, 2014, the applicant presented with ongoing complaints of low back pain status post earlier lumbar fusion surgery. The applicant was on Lexapro, morphine, Lidoderm, Voltaren, Protonix, Zofran, Norco, Flexeril, Zestril, and Reglan, it was stated at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of oral and topical medications, including morphine, Lexapro, Lidoderm patches, Voltaren gel, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.