

Case Number:	CM14-0152518		
Date Assigned:	09/22/2014	Date of Injury:	06/28/2010
Decision Date:	11/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 neck pain, shoulder pain, and headaches reportedly associated with an industrial injury of November 3, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier carpal tunnel release surgery; psychotropic medications; and adjuvant medications. In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for Flexeril. The applicant's attorney subsequently appealed. In progress note dated March 26, 2014, it was acknowledged that the applicant was using both Prozac and Topamax as of that point in time. In a later progress note dated August 27, 2014, the applicant reported ongoing complaints of neck pain, left arm pain, and left hand pain. The applicant was apparently having tremors and apparently had history of seizures, it was noted. The applicant was given refills of Flexeril, Norco, Prozac, and Topamax. Additional physical therapy was sought. Genetic testing was also sought. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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 (Flexeril) to other agents is not recommended. In this case, the applicant is using a variety of other agents, including Topamax, Norco, Prozac, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.