

Case Number:	CM14-0173043		
Date Assigned:	10/23/2014	Date of Injury:	06/17/2006
Decision Date:	12/02/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 neck pain, low back pain, and headaches reportedly associated with an industrial injury of June 17, 2006. 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 over the course of the claim; psychotropic medications; a TENS unit; and topical agents. In a Utilization Review Report dated September 22, 2014, the claims administrator failed to approve a request for Cyclobenzaprine. The applicant's attorney subsequently appealed. In an October 27, 2014 progress note, the applicant reported ongoing complaints of neck pain with weakness about the upper extremities. The applicant was "not currently employed," it was acknowledged. Ongoing cervical radicular complaints were noted. The applicant was on Flexeril, Motrin, Lidoderm, and Cymbalta, it was acknowledged. Multiple medications were refilled. The applicant apparently received a corticosteroid injection in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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, the addition of Cyclobenzaprine (or Flexeril) to other agents, is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Motrin, Lidoderm patches, Cymbalta, etc. Adding Flexeril (cyclobenzaprine) to the mix was not indicated. Therefore, the request was not medically necessary.