

Case Number:	CM14-0176348		
Date Assigned:	10/29/2014	Date of Injury:	07/14/2011
Decision Date:	12/05/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/24/2014

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 July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for cyclobenzaprine while approving Naprosyn, Protonix, tramadol, and Cymbalta. The applicant's attorney subsequently appealed. In May 29, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier decompression surgery in March 2013. A 7/10 low back pain radiating to the lower extremities is noted. The applicant was asked to continue physical therapy. Electrodiagnostic testing of the lower extremities was sought. The applicant was asked to continue tramadol, Protonix, and Norflex. In a September 16, 2014 progress note, the applicant reported ongoing complaints of 6/10 low back pain. The applicant was given prescriptions for Naprosyn, Protonix, tramadol, and cyclobenzaprine on this occasion.

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 Cyclobenzaprine (Flexeril).

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 to other agents is not recommended. In this case, the applicant was/is using a variety of other agents, including Naprosyn, Protonix, tramadol, Cymbalta, Norflex, etc. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.