

Case Number:	CM14-0177919		
Date Assigned:	10/31/2014	Date of Injury:	06/01/2005
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 pain syndrome reportedly associated with an industrial injury of June 1, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a weight loss program; adjuvant medications; facet joint injections; a left hip total hip arthroplasty; and lumbar epidural steroid injection therapy. In a Utilization Review Report dated September 30, 2014, the claims administrator approved Percocet, Lyrica, Pamelor, Voltaren, and Prilosec while denying Flexeril. The applicant's attorney subsequently appealed. In a progress note dated July 24, 2014, the applicant reported ongoing complaints of low back and hip pain status post recent epidural steroid injection therapy. The applicant was given refills of Percocet, Pamelor, Voltaren, Prilosec, Lyrica, and Flexeril. The applicant was asked to continue to try and lose weight and perform home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-66.

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 (Flexeril) to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Percocet, Pamelor, Voltaren, Prilosec, Lyrica, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.