MAXIMUS Federal Services

Case Number:	CM14-0030483		
Date Assigned:	06/20/2014	Date of Injury:	02/05/2010
Decision Date:	07/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/11/2014

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 15, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; ectrodiagnostic testing of March 26, 2013, reportedly notable for lumbar radiculopathy; unspecified amounts of manipulative therapy; and adjuvant medications. In an August 8, 2013 progress note, the applicant was apparently in the process of considering medial branch block injection therapy. The applicant was asked to discontinue gabapentin at that point. In a December 16, 2013 progress note, the applicant was again described as having persistent complaints of low back pain. The applicant was using Naprosyn, Protonix, Flexeril, Menthoderm, and a flurbiprofen-containing cream, it was further noted. On January 9, 2014, the applicant was described as using Naprosyn, Neurontin, Flexeril, Menthoderm, and flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg one by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other medications, including Neurontin, Naprosyn, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request for Flexeril 7.5mg one by mouth twice a day #60 is not medically necessary.