

Case Number:	CM14-0058466		
Date Assigned:	07/09/2014	Date of Injury:	07/08/2011
Decision Date:	09/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/29/2014

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 and shoulder pain reportedly associated with an industrial injury of July 8, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; opioid therapy; unspecified amounts of the physical therapy over the course of the claim; trigger point injection therapy; and extensive periods of time off of work. In a utilization review report dated March 26, 2014, the claims administrator approved a request for oxycodone, denied a request for Flexeril, and conditionally denied a request for an unknown compounded medication. The applicant's attorney subsequently appealed. In a medical-legal evaluation of October 29, 2013, it was acknowledged that the applicant was off of work and had apparently remained off of work for past several years. The applicant was using Norco, Flexeril, and Motrin, it was suggested, at that point in time. In a June 9, 2014 progress note, the applicant was described as having persistent complaints of neck pain status post cervical discectomy and fusion surgery on April 4, 2014. On May 5, 2014, the attending provider suggested that the applicant employ Norco, Flexeril, and Naprosyn following earlier cervical discectomy surgery of April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flexeril 10 mg quantity 90: Upheld

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

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, concurrently using a variety of other agents, including Norco, Neurontin, and Naprosyn. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.