

Case Number:	CM14-0066482		
Date Assigned:	07/11/2014	Date of Injury:	03/09/1998
Decision Date:	09/18/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/09/2014

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 March 9, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; opioid therapy; earlier shoulder surgery; corticosteroid injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 25, 2014, the claims administrator approved a request for Naprosyn and Protonix while partially certifying a request for Flexeril. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant was described as having multiple open Workers' Compensation claims. The applicant presented with neck pain, low back pain, and shoulder pain. The applicant also had comorbid COPD (chronic obstructive pulmonary disease), it was stated. The applicant was on Ambien, Norco, Naprosyn, Protonix, Flector, Neurontin, Flexeril, aspirin, hydrochlorothiazide, and Ventolin, it was acknowledged. Multiple medications, including cyclobenzaprine, were renewed. The applicant was described as permanent and stationary with permanent disability. It does not appear that the applicant is working, although this was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride (Flexeril) Tablets 7.5mg. every eight (8) hours #90:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Drugs Page(s): 64-65.

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 to other agents is not recommended. In this case, the applicant is, in fact, using a variety of oral and topical agents, including Neurontin, Flector, Ambien, Norco, Naprosyn, etc. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.