

Case Number:	CM14-0183271		
Date Assigned:	11/10/2014	Date of Injury:	04/10/2012
Decision Date:	01/02/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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, ankle, and neck pain reportedly associated with an industrial injury of April 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in July 2014; opioid therapy; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for Cyclobenzaprine. In an October 29, 2014 progress note, the applicant reported ongoing complaints of low back pain some three months removed from earlier lumbar fusion surgery of July 22, 2014. 4-8/10 residual low back pain was appreciated. The applicant was still smoking, it was acknowledged. The applicant was still wearing a lumbar support and employing Percocet four times daily and Flexeril twice daily. The applicant stated that his medications were beneficial but acknowledged that he had not worked in over two and half years. Continued usage of the lumbar support was endorsed, along with smoking cessation. Additional manipulative therapy was also sought. Percocet, tramadol, and Celexa were renewed while the applicant was kept off of work, on total temporary disability. In an earlier note dated February 12, 2014, the applicant was, once again, kept off of work, on total temporary disability. The applicant was asked to continue using the lumbar support. The applicant was using Percocet four times daily and Flexeril twice daily, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, concurrently using Percocet, an opioid agent. Adding cyclobenzaprine or Flexeril to the mix was not recommended. While page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that there is a postoperative rule for cyclobenzaprine (Flexeril), in this case, however, the applicant was approximately three months removed from the date of earlier spine surgery on July 22, 2014 as of the date of the Utilization Review Report. Continued usage of Cyclobenzaprine was not indicated in the twice daily context for which it was seemingly being employed here. Therefore, the request is not medically necessary.