

Case Number:	CM14-0202562		
Date Assigned:	12/15/2014	Date of Injury:	06/10/2009
Decision Date:	02/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 pain, headaches, shoulder pain, and low back pain reportedly associated with an industrial injury of June 10, 2009. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced a progress note dated October 13, 2014, in its determination. The applicant's attorney subsequently appealed. In October 13, 2014 questionnaire, the applicant acknowledged that he was not working. The applicant was using a topical compounded LidoPro cream, he acknowledged and was having difficulty performing activities as living as basic as sitting, standing, and walking. In a progress note of the same date, October 13, 2014, the applicant reported 8/10 low back and neck pain. The applicant had recently had an unspecified otolaryngology surgery involving the notes, it was further noted. The applicant was using Neurontin twice daily, Prilosec once daily, and Flexeril once daily. The applicant was not working and had last worked in November 2012, it was acknowledged. Multiple medications were refilled, including Neurontin, cyclobenzaprine, Prilosec, and Medrox. Epidural steroid injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Flexeril) to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Neurontin, Prilosec, Medrox, etc. Adding cyclobenzaprine to the mix is not recommended. Furthermore, the 30-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.