

Case Number:	CM14-0206535		
Date Assigned:	01/06/2015	Date of Injury:	07/28/2011
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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, headaches, and depression reportedly associated with an industrial injury of July 20, 2011. In a Utilization Review Report dated December 8, 2014, the claims administrator denied a request for Flexeril while approving a request for Norco. The claims administrator referenced an earlier progress note of October 23, 2014 in its determination. The applicant's attorney subsequently appealed. In said October 23, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, headaches, and depression status post earlier lumbar fusion surgery. The applicant was placed off of work, on total temporary disability, while unspecified medications were refilled, without any explicit discussion of medication efficacy. On November 21, 2014, the applicant reported persistent complaints of low back pain, highly variable, 3-6/10. The applicant was using Naprosyn, Zantac, and Norco for pain relief, among others, the attending provider noted. Naprosyn, Zantac, topical Dendracin, Acetadryl, and Norco were endorsed. On November 18, 2014, the applicant reported persistent complaints of low back pain. The applicant was again placed off of work, on total temporary disability. Flector patches were endorsed. Once again, the applicant's complete medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Cyclobenzaprine Page(s): 7, 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 was/is using a variety of agents, including Norco, Naprosyn, and others. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that 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. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, neither the applicant's primary treating provider nor the applicant's pain management physician established the presence of any meaningful or substantive improvements in pain and/or function achieved as a result of ongoing Flexeril (cyclobenzaprine) usage. Therefore, the request was not medically necessary.