

Case Number:	CM14-0213673		
Date Assigned:	12/31/2014	Date of Injury:	09/04/2013
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; myofascial release therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve a request for Flexeril. The applicant's attorney subsequently appealed. On June 18, 2014, the applicant reported persistent complaints of neck pain. The applicant was using Norco and Flexeril, it was acknowledged at this point in time. The applicant did have a history of epilepsy, it was acknowledged. The applicant's work status was not clearly outlined. In a progress note dated December 5, 2014, the applicant was placed off of work and described as unable to return to work "indefinitely." Sixty tablets of Flexeril were refilled while the applicant was kept off of work. The applicant was also in the process of pursuing physical therapy and massage therapy. The applicant was obese, with a BMI of 32. In an earlier note of October 24, 2014, the applicant was given a refill of ibuprofen and, once again, placed off of work owing to ongoing complaints of neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Tab 5 MG #60 with 3 Refills: Upheld

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

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, cyclobenzaprine (Flexeril) is not recommended for usage in conjunction with other agents. Here, the applicant was/is using a variety of other agents, including Norco and Motrin. Addition of cyclobenzaprine (Flexeril) to the mix is not recommended. It is further noted that the 60-tablet, three-refill supply of cyclobenzaprine (Flexeril) at issue does represent treatment above and beyond the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.