

Case Number:	CM14-0089621		
Date Assigned:	07/23/2014	Date of Injury:	01/03/2013
Decision Date:	04/23/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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, New York, 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 41-year-old [REDACTED] beneficiary who has filed a claim for chronic elbow, wrist, neck, and forearm pain reportedly associated with an industrial injury of January 3, 2013. In a Utilization Review Report dated May 23, 2014, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). An RFA form received on February 7, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated February 4, 2015, the applicant reported ongoing complaints of neck pain, hand pain, forearm pain, and upper extremity paresthesias. Norco was endorsed. The applicant was asked to pursue additional physical therapy. The applicant did not appear to be working with previously imposed permanent limitations. No discussion of medication efficacy transpired. The applicant's complete medication list was not attached. A medical-legal evaluator noted on January 10, 2015 that the applicant had been given various prescriptions over the course of the claim, including Norco, Salonpas patches, Mobic, Motrin, etc. The applicant had alleged multifocal pain complaints secondary to cumulative trauma at work, the medical-legal evaluator had further acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. 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 apparently using a variety of other agents, including Mobic, Motrin, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, 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.