

<b>Case Number:</b>	CM15-0106325		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 28-year-old who has filed a claim for chronic neck pain and post-traumatic headaches reportedly associated with an industrial injury of September 22, 2014. In a Utilization Review report dated April 29, 2015, the claims administrator denied a request for TENS unit electrodes and cyclobenzaprine, apparently prescribed and/or dispensed on or around April 22, 2015. The applicant's attorney subsequently appealed. In an application dated May 27, 2015, the applicant's attorney appealed both the TENS unit electrodes and cyclobenzaprine. In a handwritten note dated May 20, 2015, the applicant reported 4 to 8/10 neck pain complaints. The applicant's complete medication list was not detailed, but apparently included Imitrex and Flexeril, both of which were prescribed and/or dispensed. Additional manipulative therapy was sought while the applicant was placed off of work, on total temporary disability. In an April 22, 2015 progress note Flexeril, Imitrex, and the TENS unit patches in question were endorsed while the applicant was placed off of work, on total temporary disability. 4/10 neck pain complaints were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine 7.5mg #60, DOS: 4/22/15: 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 (Flexeril) Page(s): 41.

**Decision rationale:** 1. No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, apparently using other agents, one of which included Imitrex. 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.