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| Case Number: | CM15-0137301 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 09/30/2012 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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 [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of September 30, 2012. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced progress notes of June 25, 2015 and April 9, 2015 in its determination. The applicant's attorney subsequently appealed. On June 25, 2015, the applicant reported ongoing complaints of low back pain, 8/10. The applicant was using Naprosyn, Neurontin, Flexeril, Norco, and Prilosec, it was reported. The treating provider contended that the applicant's combination of medications was beneficial while acknowledging that the applicant was off of work, was currently unemployed, and had exhausted both Workers Compensation indemnity benefits and unemployment compensation benefits. A TENS unit for home use purposes was sought while various medications, including cyclobenzaprine, were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: 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, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, however, the applicant was in fact using a variety of other agents including Naprosyn, Neurontin, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue suggests chronic, long-term, and daily usage of the same, i.e., usage 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.