

Case Number:	CM15-0140442		
Date Assigned:	07/30/2015	Date of Injury:	03/20/2012
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 37-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 20, 2012. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for Cyclobenzaprine. The claims administrator referenced a May 28, 2015 order form in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated May 28, 2015, the applicant reported ongoing complaints of neck pain. The applicant was reportedly considering cervical spine surgery. The note was handwritten, thinly developed, difficult to follow, and not altogether legible. Naprosyn, Flexeril, Voltaren gel, and a rather proscriptive 15-pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. In a separate narrative report dated May 28, 2015, it was again noted that the applicant was on Naprosyn, Flexeril, and Voltaren gel, all of which were refilled. The applicant was asked to consider a cervical discectomy fusion at C5-C6. A new cervical MRI was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 10mg #90 (DOS: 05/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 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, the applicant was, in fact, using a variety of other agents, including Naprosyn and Voltaren gel. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-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. Therefore, the request was not medically necessary.