

Case Number:	CM15-0140445		
Date Assigned:	07/30/2015	Date of Injury:	04/01/2012
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
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 [REDACTED] ([REDACTED]) beneficiary who has filed a claim for chronic shoulder, mid back, and low back pain reportedly associated with an industrial motor vehicle accident (MVA) of April 1, 2012. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Flexeril apparently prescribed and/or dispensed on or around July 1, 2015. The applicant's attorney subsequently appealed. On said July 1, 2015 progress note, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was on Tylenol and Flexeril; it was reported in the current medications section of the note. The attending provider posited that the applicant would work with a rather proscriptive 5-pound lifting limitation through July 28, 2015 before returning to regular duty work effective July 29, 2015. Flexeril was dispensed in the clinic. In an earlier note dated June 3, 2015, the applicant was given 30 tablets of Flexeril. The applicant was also using over-the-counter Tylenol, it was acknowledged at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, sixty count, retrospective (DOS: 7/1/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Flexeril (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 another agent, Tylenol. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-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.