

Case Number:	CM15-0142636		
Date Assigned:	08/03/2015	Date of Injury:	06/21/2007
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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 46-year-old who has filed a claim chronic shoulder and low back pain reportedly associated with an industrial injury of June 21, 2007. In a Utilization Review report dated July 8, 2015, the claims administrator failed to approve a request for Flexeril. An order form dated June 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated June 30, 2015, attending provider acknowledged that the applicant had been using Flexeril at a rate of anywhere from p.r.n. to twice daily to thrice daily. In a progress note dated June 17, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was on Flexeril, Norco, Relafen, Topamax, and Zyrtec, it was reported. Flexeril, Norco, Relafen, and Topamax were all renewed toward the bottom of the note. The attending provider then stated that he said the applicant was given instructions to use Flexeril as often as three times daily. Permanent work restrictions were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg (Rx 6/17/15) Qty: 60.00: 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 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 a variety of other agents, including Topamax, Norco, Relafen, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of Flexeril at issue, furthermore, implies treatment while in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.