

Case Number:	CM15-0145136		
Date Assigned:	08/10/2015	Date of Injury:	12/13/2010
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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] who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of December 13, 2010. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve requests for Cyclobenzaprine and an addiction medicine evaluation. The claims administrator referenced a progress note dated June 29, 2015 in its determination. The applicant's attorney subsequently appealed. On February 17, 2015, the applicant reported multifocal complaints of knee and shoulder pain, 9-10/10, at times severe. The applicant had undergone an earlier right shoulder surgery, seemingly without profit. Visco supplementation injection therapy and physical therapy were endorsed. The applicant was given an extremely proscriptive 0-pound lifting limitation, effectively resulting in the applicant's removal from the workplace, the treating provider acknowledged. In an applicant questionnaire dated March 13, 2015, the applicant stated that he had worsened. On March 30, 2015, it was acknowledged that the applicant was using Norco three to four times daily and Flexeril once daily. On March 31, 2015, it was acknowledged that the applicant was severely obese, with BMI of 49. On June 29, 2015, the applicant again presented reporting multifocal complaints of low back, knee, neck, and shoulder pain. The applicant was described as doing worse despite receipt of manipulative therapy and medication therapy. The applicant was on Norco and Flexeril, it was reported. The applicant was using Norco at a rate of three to four times daily and Flexeril at a rate of one to two times daily, it was reported. The applicant had apparently tested positive for marijuana but apparently ascribed the positive result to secondhand smoke exposure. The applicant was asked to wean himself off of Norco and consult an addiction medicine specialist. Flexeril was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Cyclobenzaprine (Flexeril) 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, Norco. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 30- tablet renewal 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.

Addictionologist Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Misuse & addiction Page(s): 84-85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Conversely, the request for an addictionologist evaluation was medically necessary, medically appropriate, and indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, an addiction medicine consultation should be considered in applicants in whom there is evidence of substance misuse. Here, the treating provider suggested on June 29, 2015 that the applicant had apparently tested positive for marijuana. Obtaining the added expertise of an addiction medicine specialist, thus, was indicated in the face of the applicant's positive drug test result and concomitant opioid usage. Therefore, the request was medically necessary.