

Case Number:	CM15-0145237		
Date Assigned:	08/07/2015	Date of Injury:	07/07/2001
Decision Date:	09/23/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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 42-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of anxiety and depression reportedly associated with an industrial injury of July 7, 2001. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). The claims administrator referenced a June 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated June 30, 2015, the attending provider appealed previously denied cyclobenzaprine. On June 15, 2015, the applicant reported ongoing complaints of low back and left leg pain. The applicant's medication list included Ambien, Neurontin, Norco, Flexeril, Motrin, Ambien, Dilaudid, and Ativan. Neurontin, Norco, and Flexeril were renewed on this date. The applicant's permanent work restrictions were likewise renewed. It did not appear that the applicant was working with said limitations in place. In an earlier note dated April 6, 2015, the applicant reported persistent complaints of low back pain status post multiple failed lumbar spine surgeries. Motrin, Norco, and Flexeril were again renewed. It was suggested that the applicant was using Flexeril at a rate of twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS 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 a variety of other agents, including Norco, Motrin, Neurontin, Ambien, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue represents chronic, long-term, and/or 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.