

Case Number:	CM15-0145382		
Date Assigned:	08/06/2015	Date of Injury:	07/13/2009
Decision Date:	09/08/2015	UR Denial Date:	06/26/2015
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 38-year-old who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of July 13, 2009. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for cyclobenzaprine and did, however, approve a request for Norco. The claims administrator referenced an RFA form received on June 23, 2015 in its determination, along with a progress note of June 9, 2015. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported highly variable neck, upper extremity, low back, and leg pain complaints, 5/10 with medications versus 9/10 without medications. The applicant posited that he was able to do dishes, laundry, and other light household chores as a result of ongoing medication consumption. The applicant had undergone earlier left shoulder surgery, it was reported. The applicant was overweight, with a BMI of 33. Norco was seemingly renewed. The applicant's work status was not clearly stated. On an associated RFA form dated June 9, 2015, both Flexeril and Norco were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, concurrently using Norco, an opioid agent. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue implies 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.