

Case Number:	CM15-0146012		
Date Assigned:	08/10/2015	Date of Injury:	04/24/2000
Decision Date:	09/23/2015	UR Denial Date:	07/17/2015
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 59-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 24, 2000. In a utilization review report dated July 17, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). The claims administrator referenced a date of service of July 6, 2015 in its determination. The claims administrator did apparently approve requests for Norco and Motrin, it was reported. The applicant's attorney subsequently appealed. In an RFA form dated July 6, 2015, Norco, Flexeril, and Motrin were renewed, seemingly without much supporting rationale. On May 7, 2015, the applicant reported multifocal complaints of low back, shoulder, and bilateral knee pain with associated lower extremity paresthesias. The applicant was asked to employ Lyrica on a trial basis. The applicant's work status was not stated. The applicant was also using Norco, Flexeril, Motrin, and other unspecified medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) is 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 agents, including Norco, Lyrica, Motrin, etc. It is further noted that the 90-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment well 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 is not medically necessary.