

Case Number:	CM15-0146056		
Date Assigned:	08/06/2015	Date of Injury:	10/29/2014
Decision Date:	09/10/2015	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 30-year-old who has filed a claim for chronic low back and elbow pain reportedly associated with an industrial injury of October 29, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for Cyclobenzaprine. The claims administrator referenced a July 1, 2015 RFA form and an associated progress note of June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back and elbow pain with derivative complaints of depression, anxiety, insomnia, and tearfulness. The applicant was using Norco, Ativan, Zoloft, and unspecified amounts topical compounds, it was reported. In an RFA form dated June 22, 2015, Naprosyn, Omeprazole, Flexeril, Norco, Ativan, Zoloft, topical compounds, a spine surgery consultation, transfer of care to and from appointments, manipulative therapy, a psychological evaluation, and an Internal Medicine consultation were all sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) 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 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, Ativan, Zoloft, Naprosyn, etc. Adding Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of Cyclobenzaprine at issue, in and of itself, 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.