

Case Number:	CM15-0146334		
Date Assigned:	08/10/2015	Date of Injury:	03/18/2014
Decision Date:	09/23/2015	UR Denial Date:	07/21/2015
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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 18, 2014. In a utilization review report dated July 20, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced a July 10, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant received refills of Norco, Flexeril and Mobic for ongoing complaints of low back pain. Epidural steroid injection therapy was sought. The applicant had undergone earlier shoulder surgery, it was stated. The applicant was kept off of work as of this point in time. On July 10, 2015, Norco, Mobic and Flexeril were, once again, refilled. The applicant was again asked to pursue lumbar epidural steroid injection therapy. Work restrictions were endorsed. It was not, however, clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril tab 10mg #30 with 2 refills: Upheld

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

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 Flexeril (cyclobenzaprine) 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 and Mobic. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 30-tablet, two-refill supply of Flexeril (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.