

Case Number:	CM15-0161048		
Date Assigned:	08/27/2015	Date of Injury:	11/19/2011
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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 66-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of November 19, 2011. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced a July 16, 2015 date of service and an RFA form dated August 4, 2015 in its determination. On July 16, 2015, the applicant reported ongoing complaints of shoulder, knee, and back pain. Relafen, Flexeril and tramadol were endorsed while the applicant was placed off of work, on total temporary disability. The applicant was asked to continue using a lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS 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 the cyclobenzaprine (Flexeril) to other agents is deemed not recommended. Here, the applicant was using at least two other agents, Relafen and Ultracet, it was reported on July 16, 2015. The addition of the cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of Flexeril at issue represents treatment in the excess of the short course of therapy for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.