

Case Number:	CM15-0161317		
Date Assigned:	08/27/2015	Date of Injury:	08/29/2014
Decision Date:	10/02/2015	UR Denial Date:	07/22/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 29, 2014. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for cyclobenzaprine while apparently approving a request for Neurontin. The claims administrator referenced a July 8, 2015 RFA form and an associated July 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of low back pain. The applicant was given various diagnoses, including that of lumbar radiculitis and myofascial pain syndrome. The applicant was using cyclobenzaprine and Flexeril, it was reported. The applicant had received 12 sessions of physical therapy to date, it was reported. Cyclobenzaprine, Neurontin, a spine surgery referral, and a psychology referral were endorsed. It was suggested (but not clearly stated) that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg tablet, take 1 tablet every day by oral route, #30 no refills prescribed 7/6/15: Upheld

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

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 other agents, namely Neurontin and Motrin, it was reported on July 6, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 30-tablet supply of cyclobenzaprine at issue, furthermore, implies 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.