MAXIMUS Federal Services

Case Number:	CM15-0163070		
Date Assigned:	08/31/2015	Date of Injury:	04/21/2014
Decision Date:	10/27/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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 and neck pain reportedly associated with an industrial injury of April 21, 2014. In a Utilization Review report dated August 10, 2015, the claims administrator failed to approve a request for Cyclobenzaprine. The claims administrator referenced a June 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the attending provider appealed the denial of Cyclobenzaprine. The applicant was described as having ongoing complaints of low back pain with ancillary complaints of depression. The applicant was using a cane, Flexeril, and Paxil, it was reported. The applicant's work status and complete medications were not, however, attached. On June 22, 2015, the applicant reported multifocal complaints of low back, neck, knee, and foot pain. Physical therapy, Motrin, and Flexeril were endorsed. The applicant was given rather proscriptive 10-pound lifting limitation, which the treating provider suggested the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 60 Cyclobenzaprine 7.5mg DOS 7/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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 Motrin, Paxil, etc. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended. The 60-tablet supply of Cyclobenzaprine at issue, furthermore, 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.