

Case Number:	CM15-0181509		
Date Assigned:	09/22/2015	Date of Injury:	04/27/2014
Decision Date:	11/03/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/15/2015

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] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 19, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced a July 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant reported ongoing complaints of mid and low back pain. The applicant was using Mobic and Fexmid, it was reported. Ninety tablets of Fexmid (Flexeril) were dispensed. The applicant was apparently working despite ongoing complaints of neck and back pain, it was reported. On an RFA form dated July 16, 2015, 90 tablets of Flexeril were endorsed, along with Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 7.16.15 Flexeril 7.5mg take 1 tablet every 8hrs #90: 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 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 at least one other agent, Mobic. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of Flexeril at issue represented 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.