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| Case Number: | CM15-0181932 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 10/31/2011 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/31/2015 |
| 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 29-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 31, 2011. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve requests for cyclobenzaprine (Flexeril). The claims administrator referenced an RFA form received on August 20, 2015 and an associated progress note of August 7, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 27, 2015, Norco, Restoril and Flexeril were all seemingly endorsed. On an associated progress note of July 7, 2015, the applicant reported multifocal complaints of neck and low back pain. The applicant was working with limitations in place, it was suggested. Highly variable 5 to 9/10 pain complaints were reported. Norco, Restoril and Flexeril were renewed. The treating provider suggested the applicant was using Flexeril frequently, once every eight hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10mg #60: 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) is 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 deemed "not recommended." Here, the applicant was using a variety of other agents, including Norco and Restoril. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of the Flexeril at issue, moreover, 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 is not medically necessary.