

Case Number:	CM15-0184193		
Date Assigned:	09/24/2015	Date of Injury:	03/31/1998
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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 53-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 31, 1996. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for Flexeril. Duragesic and Cymbalta were, however, seemingly approved. The claims administrator referenced an August 25, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 25, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was using a cane to move about. The applicant was off of work and had been deemed permanently disabled, it was stated toward the top of the note. The applicant had undergone three failed cervical spine surgeries, it was reported. 9/10 pain complaints were evident. The applicant's medication list included Celebrex, Cymbalta, Dilaudid, Duragesic and tramadol, several of which renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, and indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of the cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Celebrex, Duragesic, Dilaudid, etc. The addition of the cyclobenzaprine (Flexeril) to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 60-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 MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.