

Case Number:	CM15-0187449		
Date Assigned:	09/29/2015	Date of Injury:	06/02/2012
Decision Date:	11/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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 41-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 2, 2012. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator did, however, apparently approve requests for Lidoderm patches and tramadol. The claims administrator referenced a July 31, 2015 RFA form and a letter dated August 11, 2015 in its determination. The applicant's attorney subsequently appealed. On a letter dated August 5, 2015, the attending provider apparently appealed several medication denials in a highly templated fashion. On an RFA form dated July 31, 2015 consultation, tramadol, Flexeril, and Lidoderm patches were all endorsed. On a handwritten progress note dated June 31, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain. Tramadol, Flexeril, and Lidoderm patches were endorsed while Norco was discontinued. 7/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 Refill #1: 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 deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including tramadol, Lidoderm patches, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet, 1-refill supply of Flexeril (cyclobenzaprine) at issue, in and of itself, 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.