

<b>Case Number:</b>	CM15-0189662		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 49-year-old who has filed a claim for chronic neck, low back, knee, and leg pain reportedly associated with an industrial injury of June 25, 2012. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for Flexeril and Tylenol No. 3. The claims administrator referenced an August 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 3, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the lower extremities, sharp. The applicant was placed off work, on total temporary disability, while chiropractic manipulative therapy was endorsed. No seeming discussion of medication efficacy transpired. On another handwritten note dated August 21, 2015, the applicant was unchanged complaints of neck and shoulder pain, reportedly sharp. MRI imaging of the shoulder was endorsed. The applicant was asked to continue unspecified medications while remaining off work, on total temporary disability. No seeming discussion of medication efficacy transpired. On an RFA form dated August 3, 2015, Tylenol No. 3, and Zanaflex were endorsed. On an RFA form dated June 9, 2015, Tylenol No. 3 and Zanaflex were previously endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 30: 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): Introduction, Cyclobenzaprine (Flexeril).

**Decision rationale:** No, the request for 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 using at least two other agents, including Tylenol No. 3 and Zanaflex (tizanidine). The addition of Flexeril (cyclobenzaprine) to the mix was not, thus, indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that 30-tablet supply of Flexeril at issue represented treatment in excess of the "brief" role for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should be "knowledgeable" regarding prescribing information and should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's August 21, 2015 progress note was difficult to follow, handwritten, not altogether legible, made no mention of the applicant's using Flexeril (cyclobenzaprine). The attending provider likewise failed to furnish a clear or compelling rationale for concurrent usage of two separate muscle relaxants, Zanaflex and Flexeril. Therefore, the request was not medically necessary.

**Tylenol #3 300/30 mg Qty 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): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for Tylenol No. 3, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, however, the applicant was placed off work, on total temporary disability, on the August 21, 2015 office visit at issue. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) suspected because of ongoing Tylenol No. 3 usage on that date. No seeming discussion of medication efficacy transpired on or around the date in question, August 21, 2015. Therefore, the request was not medically necessary.