

Case Number:	CM15-0191984		
Date Assigned:	10/06/2015	Date of Injury:	02/23/2007
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/29/2015

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 46-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of February 23, 2007. In a Utilization Review report dated September 14, 2015, the claims administrator approved requests for Norco, Prilosec, and Exalgo while partially approving a request for Flexeril. An ice pack was approved. The claims administrator referenced an RFA form dated August 25, 2015 in its determination. The applicant's attorney subsequently appealed. On September 24, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant's medication list included Norco, Neurontin, Flexeril, and Exalgo. The applicant was reportedly using Flexeril on a nightly basis, it was stated in one section of the note. Permanent work restrictions were renewed while several medications were continued. It was not explicitly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The applicant had undergone earlier knee arthroscopy, had co-morbid diabetes, depression, dyslipidemia, and was smoking, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril (cyclobenzaprine) 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, in fact, using a variety of other agents, including Norco and Exalgo, it was reported on September 21, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet, 3-refill supply of Flexeril 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.