

<b>Case Number:</b>	CM15-0193754		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 18, 2012. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced a June 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 27, 2015, it was acknowledged that the applicant was using Norco 4 times daily, Flexeril twice daily, fosinopril daily for hypertension, hydrochlorothiazide daily for hypertension, and Zocor for dyslipidemia. The applicant reported difficulty sleeping and bending secondary to ongoing pain complaints. The applicant was trying to quit smoking. Permanent work restrictions were imposed. The applicant was not seemingly working as of this point in time. The applicant was apparently receiving State Disability Insurance (SDI) benefits in addition to Social Security Disability Insurance (SSDI) benefits, the treating provider suggested. On an RFA form dated June 24, 2015, Flexeril and Norco were both seemingly renewed. Additional acupuncture was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60 (9/16/15): 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) 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 another agent, Norco. The addition of cyclobenzaprine or 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 renewal request for Flexeril, 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.