

Case Number:	CM15-0196255		
Date Assigned:	10/09/2015	Date of Injury:	08/01/2013
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/06/2015

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 neck and elbow pain reportedly associated with an industrial injury of August 1, 2013. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced an RFA form received on September 15, 2015 in its determination. The applicant's attorney subsequently appealed. On August 3, 2015, the applicant was given prescriptions for Naprosyn, Effexor, Protonix, tramadol, Neurontin, and Flexeril. The applicant was off work and collecting both long-term disability benefits and Social Security Disability Insurance (SSDI) benefits, it was reported. The applicant was contemplating wrist surgery and ulnar nerve release surgery, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), 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 a variety of other agents, including Neurontin, tramadol, Naprosyn, Effexor, etc., the treating provider reported on August 3, 2015. The addition of cyclobenzaprine to the mix was not recommended. It is further noted that the 60-tablet supply of the cyclobenzaprine (Flexeril) at issue, in and of itself, represents 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 was not medically necessary.