

Case Number:	CM15-0201850		
Date Assigned:	10/16/2015	Date of Injury:	11/08/2009
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 55-year-old who has filed a claim for chronic foot, ankle, low back, and neck pain reportedly associated with an industrial injury of November 8, 2009. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced a September 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 4, 2015, the applicant reported ongoing complaints of back pain, it was reported. The applicant was using Flexeril, Ambien, and Norco. The attending provider suggested the applicant was, at times, using Flexeril in conjunction with Ambien for sedative effect. Permanent work restrictions were renewed. The applicant was described as having difficulty breathing. The applicant was possibly consulting an otolaryngologist. Multiple medications, including, the Flexeril at issue, were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #60 (1 Tab PO BID 30 Day Supply): Upheld

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

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 MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is "not recommended." Here, the applicant was, in fact, concurrently using two other agents, Norco and Ambien. 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 a 60-tablet supply of Flexeril at issue implies chronic, long-term, and/or twice daily usage, i.e., usage 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.