MAXIMUS Federal Services

Case Number:	CM15-0207391		
Date Assigned:	10/26/2015	Date of Injury:	07/10/2007
Decision Date:	12/11/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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 54-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of July 10, 2007. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). A September 14, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On October 1, 2015, the applicant reported ongoing complaints of low back, knee, and leg pain. The applicant was using Mobic, LidoPro, Norco, and Sprix nasal spray, stated in various sections of the note. On a telephone encounter dated September 26, 2015, the treating provider stated the applicant was using Flexeril, Senna, Mobic, Sprix, and Norco. The treating provider stated that the applicant was using Flexeril as often as one to two times daily. On September 14, 2015, the applicant was described as using Sprix, Mobic, senna, Flexeril, and Norco, several of which renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. The applicant had undergone earlier failed lumbar laminectomy surgery, it was reported. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be use the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg no.90ms, #30, per 09/14/2015 order: 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 cyclobenzaprine (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 seemingly using a variety of other agents, including Sprix nasal spray, Mobic, Norco, etc. The addition of cyclobenzaprine or Flexeril to the mix was not, thus, indicated here. The 90-tablet supply of cyclobenzaprine at issue, moreover, 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.