MAXIMUS Federal Services

Case Number:	CM15-0021041		
Date Assigned:	02/10/2015	Date of Injury:	07/13/2005
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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 53-year-old [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 30, 2005. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve a request for cyclobenzaprine. Somewhat incongruously, the claims administrator stated that it was furnishing the applicant with a weaning supply of cyclobenzaprine in one section of the report while another section of the claims administrator's note stated that the request for cyclobenzaprine represent a first-time request for the same. The claims administrator referenced an RFA form of December 30, 2014 at the top of its report. On December 3, 2014, the applicant reported ongoing complaints of neck, low back, and leg pain. The applicant was working regular duty. The applicant was using Norco at a rate six to seven times daily. Norco, Valium, and Butrans were refilled on that date. In an earlier note dated October 2, 2014, the applicant was using Norco eight to nine times daily. The applicant was also using Norco, Valium, Flexeril, Lyrica, Relafen, and Butrans, it was suggested. The applicant had undergone a failed lumbar spine surgery, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Tab 5mg, 30 days supply, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792..

Decision rationale: 1. 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/is using a variety of other agents, including Norco, Butrans, Lyrica, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It was further noted that the 60-tablet, two-refill supply of cyclobenzaprine at issue represents treatment well 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.