

Case Number:	CM15-0023418		
Date Assigned:	02/13/2015	Date of Injury:	09/11/2001
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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 51-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 11, 2001. In a Utilization Review Report dated January 13, 2015, the claims administrator failed to approve a request for Flexeril and meloxicam. The applicant's attorney subsequently appealed. In a Utilization Review Report dated January 13, 2015, the claims administrator reportedly failed to approve requests for Flexeril and meloxicam. The claims administrator referenced a November 7, 2014 progress note in its determination. In an appeal letter dated January 23, 2015, the attending provider reiterated his request for previously dispensed Flexeril, meloxicam, and Neurontin. Ongoing complaints of low back pain were reported. The appeal letter was highly templated. The applicant's work and functional status were not outlined. On February 6, 2015, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant reported that cooking, standing, twisting, driving, and sitting were all uncomfortable. The applicant had developed issues with psychological stress and depression. The applicant was trying to do exercises. The applicant stated that Neurontin was reducing his radicular pain complaints by 30%. The attending provider stated that the applicant was swimming at a gym three to four times a week. The attending provider maintained that these improvements have been facilitated as a result of the applicant's medications, Mobic, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flexeril 5mg #60 date of service 11/7/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 41 of 127.

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 not recommended. Here, the applicant was/is using a variety of other agents, including Mobic and Neurontin. Adding Flexeril to the mix was/is not recommended. It is further noted that the 60-tablet 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.