

Case Number:	CM15-0027230		
Date Assigned:	03/18/2015	Date of Injury:	03/06/2003
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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 46-year-old [REDACTED] beneficiary who has filed a claim for complex regional pain syndrome (CRPS) and chronic neck pain reportedly associated with an industrial injury of March 6, 2003. In a utilization review report dated February 4, 2015, the claims administrator failed to approve a request for Flexeril while conditionally denying a request for psychological counseling. Norco, however, was approved. The claims administrator referenced a January 28, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 18, 2014, the applicant reported persistent complaints of neck and bilateral upper extremity pain. The applicant was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits. Ambien, Colace, Cymbalta, Flexeril, Lyrica, MiraLAX, and Norco were endorsed while the applicant was kept off of work. On March 11, 2015, it was again reiterated that the applicant was no longer working and was receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits. The applicant's medication list included Frova, Flector, Ambien, Colace, Cymbalta, Flexeril, Lyrica, MiraLAX, and Norco. The applicant was using Flexeril at a rate of three times a day, it was suggested, or 90 tablets a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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 in fact, using a variety of other agents, including Norco, Lyrica, Cymbalta, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of Flexeril 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.