

Case Number:	CM15-0029049		
Date Assigned:	02/23/2015	Date of Injury:	11/06/2013
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 6, 2013. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). The claims administrator referenced a progress note of January 9, 2015 and an RFA form of January 27, 2015 in its determination. The applicant's attorney subsequently appealed. On August 6, 2014, the applicant was given prescriptions for tramadol, naproxen, and Flexeril. Ongoing complaints of neck pain were reported. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant had apparently complained that he had not received all of the indemnity benefits which were due him. The applicant reportedly complained of a two months-gap in indemnity benefits. On January 9, 2015, the applicant was asked to consult a neurologist, psychiatrist, and dentist. Nalfon, Protonix, Norco, Lidoderm, Desyrel, and Flexeril were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Nalfon, Norco, Lidoderm, Desyrel, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that 60-tablet supply of cyclobenzaprine (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.