MAXIMUS Federal Services

Case Number:	CM15-0042094		
Date Assigned:	08/17/2015	Date of Injury:	04/15/2009
Decision Date:	09/30/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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 who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 15, 2009. In a Utilization Review report dated February 4, 2015, the claims administrator failed to approve requests for cyclobenzaprine, partially approve a request for medication panel as renal and hepatic function panel, approved Norco and approved follow up pain management visit. The claims administrator referenced an RFA form dated December 17, 2014 in its determination. The applicant's attorney subsequently appealed. On October 13, 2014, the applicant reported ongoing complaints of neck pain reportedly attributed to cervical radiculopathy and/or myofascial pain. 7 to 9/10 pain complaints were reported. Trigger point injections, Flexeril, and Norco were endorsed. The applicant had reportedly failed manipulative therapy, acupuncture, and injection therapy, it was suggested. The applicant's work status was not explicitly stated, although the applicant did not appear to be working. On November 11, 2014, Norco and Flexeril were again renewed. On December 2, 2014, the applicant reported ongoing complaints of neck and shoulder pain. Cervical fusion surgery was proposed. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5mg #60 DOS: 12/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

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

Decision rationale: No, the request for 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 other agents, including Norco. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents 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 was not medically necessary.

Med Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Similarly, the request for a "med panel" was likewise not medically necessary, medically appropriate, or indicated here. While page 70 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that routine suggested laboratory monitoring of applicants on NSAIDs includes periodic assessment of an applicant's CBC and chemistry profile to include liver and renal function testing, here, however, it was not clearly stated what the "med panel" recommended. The components of the request were not clearly articulated. It was not stated whether the attending provider was in fact intent on obtaining hematologic, hepatic, and renal function testing or more elaborate laboratory testing. Therefore, the request cannot be supported, given its ambiguous nature. Therefore, the request was not medically necessary.