

Case Number:	CM15-0044423		
Date Assigned:	03/16/2015	Date of Injury:	09/17/2014
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 48-year-old who has filed a claim for chronic low back, wrist, and hand pain reportedly associated with an industrial injury of September 17, 2014. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). The claims administrator referenced a February 22, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 29, 2015, the applicant reported ongoing complaints of low back pain, hand pain, wrist pain, and bilateral upper extremity pain. Large portions of progress notes were difficult to follow and not entirely legible. The attending provider gave the applicant prescriptions for both Motrin and Flexeril. The attending provider suggested that the applicant was using Flexeril at a rate of three times daily. A functional capacity evaluation was endorsed, along with a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. On November 24, 2014, the applicant was given several topical compounded medications and placed off of work, on total temporarily disability.

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 Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63, 64.

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, at a minimum, using oral ibuprofen and several topical compounded medications. 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 (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.