

Case Number:	CM15-0049882		
Date Assigned:	03/23/2015	Date of Injury:	10/22/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 22, 2012. In a Utilization Review Report dated March 10, 2015, the claims administrator failed to approve a request for Flexeril while approving request for Percocet, Neurontin, and Colace. A March 2, 2015 RFA forma and associated progress note of February 17, 2015 were referenced. On February 17, 2015, the applicant reported highly variable 6-10/10 low back pain. The applicant was apparently using a variety of medications, including Percocet, Flexeril, Neurontin, and Colace, it was suggested. Epidural steroid injection therapy was sought, along with a psychiatric referral. The applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #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 Neurontin, Percocet, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is 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 (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.