

Case Number:	CM15-0050693		
Date Assigned:	03/24/2015	Date of Injury:	07/17/2012
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 17, 2012. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve a request for cyclobenzaprine. A progress note of January 7, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 5, 2015, the applicant reported ongoing complaints of low back pain. The applicant had failed manipulative therapy, acupuncture, and epidural injection, it was acknowledged. The applicant was using unspecified medications, including a muscle relaxant, the treating provider reported. A topical LidoPro ointment was endorsed. The applicant was given a rather proscriptive 10-pound lifting limitation, seemingly resulting in the applicant's removal from the workplace. In a progress note dated February 25, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using Naprosyn, a topical compounded cream, Prilosec, Norflex, and a gabapentin-containing cream, it was acknowledged. The applicant was, once again, placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) 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, however, the applicant was apparently using a variety of other medications, including Naprosyn, Norflex, topical compounds, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-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.