

Case Number:	CM15-0083405		
Date Assigned:	05/05/2015	Date of Injury:	03/18/2013
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/30/2015

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 61-year-old who has filed a claim for chronic hand, wrist, and low back pain reportedly associated with an industrial injury of March 18, 2013. In a Utilization Review report dated April 26, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). A March 13, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg, 8/10. Ancillary complaints of neck, shoulder, and forearm pain were also reported. BuTrans, Celebrex, Cymbalta, Fetzima, Pamelor, and tramadol were prescribed. The applicant's work status was not detailed. On March 4, 2015, Neurontin, Flexeril, Methadone, Norco, and Pamelor were prescribed. MRI imaging of the lumbar spine was endorsed. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG 1 By Mouth TID #90 with 3 Refills: 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 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 (Flexeril) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Methadone, Neurontin, Pamelor, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet, three-refill supply of cyclobenzaprine (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.