

Case Number:	CM15-0084865		
Date Assigned:	05/07/2015	Date of Injury:	06/25/2007
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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 59-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of June 25, 2007. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for Fexmid (cyclobenzaprine). The claims administrator referenced progress notes of March 26, 2015, February 26, 2015, and February 2, 2015 in its determination. The applicant's attorney subsequently appealed. On January 5, 2015, the attending provider stated that the applicant had been deemed "permanently disabled" owing to multifocal complaints of low back and neck pain. Norco, Relafen, Prilosec, Theramine, and topical Terocin were endorsed while the applicant was kept off work. There was no mention of the applicant's using cyclobenzaprine at this point. On February 26, 2015, Norco, Prilosec, Ambien, Relafen, and Flexeril were endorsed. It was stated that the applicant had been using Flexeril prior to this point in time. Once again, the applicant was deemed "permanently disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #15: Upheld

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

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

Decision rationale: No, the request for Fexmid (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 Norco, Ambien, and Relafen. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the renewal request for Fexmid (cyclobenzaprine), in effect, 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.