

Case Number:	CM15-0085377		
Date Assigned:	05/07/2015	Date of Injury:	10/30/2001
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low back and left ankle pain reportedly associated with an industrial injury of October 30, 2001. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for Flexeril (cyclobenzaprine). Multiple other requests for Topamax, naproxen, morphine, MiraLax, Kadian, and Colace, however, were approved. The articles in question were apparently prescribed and/or dispensed on or around April 6, 2015, it was further suggested. On April 6, 2015, the applicant reported ongoing complaints of low back and left ankle pain, moderate severity. Highly variable 5-9/10 pain complaints were reported. The applicant's medications included Klonopin, Levoxyl, Celexa, metformin, Seroquel, Lipitor, Topamax, naproxen, morphine, MiraLax, Kadian, Flexeril, senna, and Colace, it was acknowledged. Several of the same were refilled. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In a questionnaire dated April 6, 2015, the applicant acknowledged that she typically stayed in bed all day, both with and without her medications. The applicant contended that her medications allowed her to get dressed in the morning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY: 90.00: 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 or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Topamax, morphine, Kadian, etc. Adding cyclobenzaprine (Flexeril) to the mix was not recommended. It was further noted that the 90-tablet supply of Flexeril (cyclobenzaprine) at issue represents treatment well 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.