

Case Number:	CM14-0157462		
Date Assigned:	09/30/2014	Date of Injury:	11/01/1999
Decision Date:	11/13/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of November 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a September 5, 2014 progress note, the claims administrator denied a request for Cyclobenzaprine. The claims administrator suggested that the applicant was concurrently using Norco and Tramadol. The applicant's attorney subsequently appealed. In a progress note dated April 23, 2014, the applicant was given prescriptions for Flexeril, Norco, and Naprosyn. The applicant was asked to pursue 12 additional sessions of physical therapy for the lumbar spine. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg: Upheld

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

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

Decision rationale: 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. In this case, the applicant is, in fact, concurrently Norco and Naprosyn, two other analgesic medications. Adding Flexeril (Cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.