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| Case Number: | CM13-0060509 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/17/2006 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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 36-year-old [REDACTED] beneficiary, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 17, 2006. In a Utilization Review Report dated November 21, 2013, the claims administrator failed to approve a request for Flexeril. The applicant's attorney subsequently appealed. On May 7, 2013, the applicant presented with ongoing complaints of low back pain, 2/10, status post earlier lumbar radiofrequency ablation procedure. The applicant's medications included Motrin, Norco, Lipitor, Trental, and Prilosec. Work restrictions were endorsed. On June 17, 2013, the applicant was continuing Motrin, Norco, Lipitor, and Trental. 3/10 pain complaints were reported. Once again, the applicant work status was not explicitly stated. Flexeril was endorsed on August 18, 2013, as a 90-tablet supply of the same. The attending provider suggested the applicant continue Norco and Motrin. Once again, the applicant's work status was not clearly stated. It did not appear that the applicant was working with work restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG, EVERY EIGHT (8) HOURS, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-2.

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 other agents including Norco and Motrin. Adding cyclobenzaprine or Flexeril to the mix was not indicated. It is further noted that the 90 tablet supply of Flexeril at issue represents treatment in excess of the short course of the therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.