

Case Number:	CM14-0213140		
Date Assigned:	02/04/2015	Date of Injury:	08/02/2012
Decision Date:	03/24/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of August 2, 2012. In a utilization review report dated December 3, 2014, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced a progress note dated November 8, 2014, in which the applicant reported multifocal complaints of neck, mid back, and low back pain. The applicant was off work, on total temporary disability, the claims administrator contended. The claims administrator also denied a request for osteopathic manipulative therapy. The applicant's attorney subsequently appealed. In a progress note dated November 8, 2014, the applicant reported ongoing complaints of low back pain, upper back pain, mid back pain, left shoulder pain, left wrist pain, knee pain, and insomnia. Osteopathic manipulative therapy, Prozac, Mobic, Flexeril, Norco, and topical compounded medications were endorsed while the applicant was placed off work, on total temporary disability, for the next six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 979.

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/is in fact using a variety of other agents, including Prozac, Norco, Mobic, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Osteopathic manual treatment to neck and upper back 3-4 regions x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: Similarly, the request for additional osteopathic manipulative therapy/manual therapy to the neck and upper back was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was/is off work, on total temporary disability, as of the November 8, 2014 progress note in which additional osteopathic manipulative therapy was endorsed. Therefore, the request was not medically necessary.