

Case Number:	CM14-0219170		
Date Assigned:	01/09/2015	Date of Injury:	08/09/2013
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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 43-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 9, 2013. In a utilization review report dated December 9, 2014, the claims administrator failed to approve a request for Flexeril. The applicant's attorney subsequently appealed. In an earlier progress note dated June 9, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Norco, Motrin, and Flexeril it was noted at that point in time. The applicant was placed off work, on total temporary disability. On October 27, 2014, the applicant was again placed off work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was, once again, described as using Motrin, Norco, and Flexeril. No discussion of medication efficacy transpired on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain 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: 1. 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 (Flexeril) to other agents is not recommended. Here, the applicant was using Norco and Motrin, among other agents. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of Flexeril at issue does represent 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.