

Case Number:	CM15-0012845		
Date Assigned:	02/11/2015	Date of Injury:	06/07/2013
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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, 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] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 7, 2013. In a utilization review report dated January 7, 2015, the claims administrator retrospectively denied a request for cyclobenzaprine apparently dispensed on December 13, 2014. The applicant was concurrently using tramadol on that date, it was suggested. In said December 13, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of 8/10 ankle, low back, and shoulder pain. The applicant was using both Norco and tramadol for pain relief but still complained of inadequate analgesia with the same. Flexeril was apparently dispensed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO cyclobenzaprine 7.5 mg, ninety count: Upheld

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

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) 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 using a variety of other agents, including Norco and tramadol, on or around the date in question. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of 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.