

Case Number:	CM15-0015153		
Date Assigned:	02/03/2015	Date of Injury:	03/24/2008
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 24, 2008. In a Utilization Review Report dated January 19, 2015, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). The claims administrator did approve a request for Norco and Protonix, however. The claims administrator referenced a January 9, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported persistent complaints of mid back, shoulder, and knee pain, highly variable, 2-7/10. The applicant's medication list included Neurontin, Norco, Pamelor, Norflex, Imitrex, Protonix, and Seroquel. At the bottom of the report, cyclobenzaprine and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg QTY 90: Upheld

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

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: The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 24, 2008. In a Utilization Review Report dated January 19, 2015, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). The claims administrator did approve a request for Norco and Protonix, however. The claims administrator referenced a January 9, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On December 15, 2014, the applicant reported persistent complaints of mid back, shoulder, and knee pain, highly variable, 2-7/10. The applicant's medication list included Neurontin, Norco, Pamelor, Norflex, Imitrex, Protonix, and Seroquel. At the bottom of the report, cyclobenzaprine and Norco were endorsed.