

Case Number:	CM15-0112304		
Date Assigned:	06/18/2015	Date of Injury:	03/13/2012
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, 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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 13, 2012. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced an office visit of May 22, 2015 in its determination. The claims administrator did apparently approve Relafen, it was incidentally noted. The applicant's attorney subsequently appealed. On May 22, 2015, the applicant reported ongoing complaints of low back pain, 3 to 4/10. The applicant was apparently using his mother's medications for pain relief, it was suggested. In another section of the note, the applicant stated, somewhat incongruously, the pain complaints were in the 7/10 range. Flexeril and Vicodin were prescribed. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: No, the request for cyclobenzaprine (Flexeril) is 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, was seemingly using two other medications, Norco and Relafen. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of cyclobenzaprine in question represents treatment well in excess of "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.