

Case Number:	CM15-0112862		
Date Assigned:	06/19/2015	Date of Injury:	03/06/1991
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 1991. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for Flexeril (Cyclobenzaprine). Motrin and Cymbalta, however, were approved. Butrans was also apparently conditionally approved for weaning or tapering purposes. The applicant's attorney appealed in a letter dated June 10, 2015. The applicant's attorney seemingly stated that he was appealing both Flexeril and Butrans patches. The applicant's attorney seemingly stated that he took exceptions with both the decision to conditionally approve Butrans for weaning purposes as well as the decision to deny Cyclobenzaprine. In a RFA form dated May 5, 2015, Butrans, Motrin, Flexeril, Cymbalta, and Elavil were endorsed. In an associated progress note dated April 30, 2015, the applicant reported ongoing complaints of low back pain, status post earlier failed spine surgery. The applicant was currently using Cymbalta, Flexeril, Motrin, and Butrans, it was reported. The applicant was asked to continue a spinal cord stimulator. Butrans, Motrin, Cymbalta, Flexeril, and Elavil were all renewed. The applicant was described as feeling frustrated with her pain. The applicant had developed issues with depression secondary to pain and poor sleep. 9/10 pain complaints were reported. The attending provider mentioned that the applicant's medications were beneficial in terms of maintaining basic levels of function. This was not elaborated upon, however. The applicant acknowledged that sitting, standing, walking, and lying down remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

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

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, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Butrans, Elavil, Motrin, etc. Adding Flexeril (Cyclobenzaprine) to the mix is not recommended. It is further noted that the 60- tablet supply of Flexeril (Cyclobenzaprine) at issue, in and of itself, represents treatment in excess of the "short course of therapy" for which Flexeril (Cyclobenzaprine) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.