

Case Number:	CM15-0126331		
Date Assigned:	07/10/2015	Date of Injury:	06/19/2001
Decision Date:	08/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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 40-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 19, 2001. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced an RFA form received June 26, 2015 in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing complaints of knee pain. The applicant was in the process of receiving acupuncture was employing LidoPro for pain relief. The applicant's complete medication list was not detailed. In an RFA form dated June 26, 2015, Norco, Flexeril, and Celebrex were all described, seemingly without any supporting rationale, supporting progress notes, or discussion of medication efficacy. In an RFA form dated June 3, 2015, Norco and Flexeril were, once again, endorsed. A February 24, 2015 progress note was also noted for the comments that the applicant had ongoing complaints of bilateral knee pain. The applicant was using topical LidoPro, it was reported. Once again, there was no mention that the applicant was using Flexeril. There was no discussion of medication efficacy insofar as any of the applicant's other medications, including Flexeril, were concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Functional Restoration Approach to Chronic Pain Management Page(s): 41; 7.

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, 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, Celebrex, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that 60 "tablet supply of cyclobenzaprine at issue, in and of itself, represents 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. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both note that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, multiple progress notes and RFA forms made no mention of how often the applicant was using Flexeril and whether or not Flexeril was or was not proving effective for whatever purpose it was being employed. Therefore, the request was not medically necessary.