

<b>Case Number:</b>	CM15-0168273		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/25/2005
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 25, 2005. In a Utilization Review report dated August 6, 2015, the claims administrator partially approved a request for Flexeril. An RFA form received on July 9, 2015 was referenced in the determination. The full text of the UR report was not seemingly attached to the application. The applicant's attorney subsequently appealed. On June 11, 2015, the applicant reported ongoing complaints of low back and neck pain with ancillary complaints of elbow pain and upper extremity paresthesias. The applicant was working full time, it was stated in section of the note. A 35-pound lifting limitation was employed toward the bottom of the note. Diclofenac and tramadol were endorsed. The note was difficult to follow as it mingled historical issues with current issues. The note was some 9 pages long. On June 4, 2015, the applicant again reported ongoing complaints of low back pain. The applicant's medications included diclofenac, extended release diclofenac, tramadol, and Lidoderm patches. There was no seeming mention of Flexeril as being employed on this date. On an RFA form dated August 12, 2015, Voltaren extended release and tramadol were endorsed. There was no seeming mention of the need for Flexeril. On July 8, 2015, the applicant reported ongoing complaints of neck and low back pain, 6-8/10. Tramadol, Voltaren extended release, and Flexeril were endorsed on this date while the applicant was returned to work with a rather permissive 35-pound lifting limitation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**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, in fact, using a variety of other agents, including tramadol, Voltaren, extended release Voltaren, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 60-tablet supply of Flexeril (cyclobenzaprine) at issue, moreover, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.