MAXIMUS Federal Services

Case Number:	CM15-0169579		
Date Assigned:	10/02/2015	Date of Injury:	06/09/2014
Decision Date:	11/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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 58-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 9, 2014. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for Flexeril while approving a request for Relafen and conditionally denying 12 sessions of psychotherapy. The claims administrator referenced an RFA form received on June 26, 2015 and an associated progress note of June 11, 2015 in its determination. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant was placed off of work, on total temporary disability. The applicant's medications included Voltaren gel, Norco, losartan, and Flexeril, it was reported. The applicant was using Flexeril at a rate of 3 times daily, the treating provider reported. The applicant was apparently given a Toradol injection in the clinic, the treating provider reported in one section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: 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 deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Voltaren gel, etc., it was acknowledged on September 3, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The attending provider, furthermore, stated that the applicant was using Flexeril at a rate of 3 times daily as of September 3, 2015, i.e., well in excess of the brief role for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.