

<b>Case Number:</b>	CM15-0175917		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 45-year-old who has filed a claim for chronic neck, shoulder, and back pain reportedly associated with an industrial injury of October 11, 2004. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced an August 17, 2015 progress note in its determination. On said August 17, 2015 progress note, the applicant had ongoing complaints of neck pain and headaches. The applicant was apparently working, it was suggested in one section of the note. The applicant reported highly variable 4-10/10 pain complaints and stated that her medications were beneficial. Percocet, Flexeril, Valium, Wellbutrin, and Motrin were endorsed. The attending provider stated that the applicant was using both Flexeril and Valium for antispasmodic effect..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #30:** 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): Introduction, 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 Percocet, Wellbutrin, Valium, Motrin, etc., it was reported on August 17, 2015. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 30-tablet supply of Flexeril at issue, moreover, represented 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 further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider's August 17, 2015 progress note failed to furnish a compelling rationale for concurrent usage of 2 separate antispasmodic agents, Flexeril and Valium. Therefore, the request was not medically necessary.