

Case Number:	CM15-0177743		
Date Assigned:	09/18/2015	Date of Injury:	06/08/2012
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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 June 8, 2012. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for cyclobenzaprine. An RFA form and associated office visit of July 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was asked to pursue a repeat epidural steroid injection. Medication selection and medication efficacy were not seemingly discussed or detailed. On a handwritten note dated August 6, 2015, difficult to follow, not entirely legible, the applicant seemingly reported ongoing complaints of low back, bilateral shoulder, and bilateral foot pain with derivative complaints of headaches, insomnia, and weight gain. The applicant was not working with restrictions in place, the treating provider suggested. A variety of topical compounded agents, physical therapy, spine surgery program, and a weight loss program were endorsed. The attending provider stated that he was refilling other medications under separate cover. The note comprised, in large part, of preprinted checkboxes. On an RFA form of August 12, 2015, multiple oral and topical compounded agents, including oral cyclobenzaprine, were seemingly endorsed without much supporting rationale. On July 7, 2015, a psychiatric evaluation, physical therapy, topical compounds, Motrin, Flexeril, and Tylenol with Codeine were endorsed. The attending provider suggested that the claimant was off of work as her employer was unable to accommodate previously suggested limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 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 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 to include Tylenol No. 3, Motrin, topical compounds, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. The 60-tablet supply of cyclobenzaprine at issue, furthermore, 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. Therefore, the request was not medically necessary.