

Case Number:	CM15-0025258		
Date Assigned:	02/17/2015	Date of Injury:	01/09/2012
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/10/2015

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 32-year-old [REDACTED] beneficiary who has filed a claim for chronic facial pain reportedly associated with an industrial injury of January 9, 2012. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced progress notes of December 8, 2014 and October 27, 2014, in its determination. The claims administrator noted that the applicant had ancillary complaints of low back, neck, and mid back pain. The claims administrator's report was over 20 pages long and quite difficult to follow. The applicant's attorney subsequently appealed. On January 7, 2014, the applicant reported ongoing issues with chronic multifocal pain complaints, including facial pain, trigeminal pain, neck pain, low back pain, and temporomandibular joint pain. The applicant was given a lumbar support. The applicant also had ancillary complaints of anxiety, depression and sleep disturbance. The applicant was placed off of work, on total temporary disability. A weight loss program was proposed. The applicant's medication list was not clearly detailed. In a handwritten note dated December 23, 2014, the applicant was asked to consult an internist to address issues with alleged hemorrhoids. The applicant was given a refill of Flexeril. The applicant was using Flexeril on nightly basis. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #30 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Flexeril 7.5 mg was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is recommended as a short course of therapy. Here, however, the 30-tablet one refill of supply of Flexeril at issue represents chronic, long-term, and daily usage of the same. Such usage, however, is incompatible with page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish any clear or compelling applicant-specific rationale which would support such usage in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.