

Case Number:	CM15-0025685		
Date Assigned:	02/18/2015	Date of Injury:	02/23/2012
Decision Date:	04/02/2015	UR Denial Date:	01/29/2015
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 53-year-old [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 23, 2012. In a Utilization Review Report dated January 29, 2013, the claims administrator failed to approve a request for cyclobenzaprine (Flexeril). The claims administrator referenced a December 10, 2014, RFA form in its determination. The applicant's attorney subsequently appealed. On December 10, 2014, the applicant reported persistent complaints of low back pain. The applicant received 24 sessions of chiropractic manipulative therapy, 24 sessions of acupuncture, extensive massage therapy, and extensive aquatic therapy. The applicant was using Norco, Flexeril, and dietary supplements, it was acknowledged. Both Norco and Flexeril were renewed. Permanent work restrictions were also renewed. Ultracet was endorsed on a trial basis. It was suggested (but not clearly stated) that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 41 of 127.

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or medically 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/is using a variety of other agents including Norco and Ultracet. Adding cyclobenzaprine or Flexeril to the mix was not recommended, it was further noted that the 30-tablet, one refill supply of cyclobenzaprine at issue represents treatment well 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.