

Case Number:	CM15-0028471		
Date Assigned:	02/20/2015	Date of Injury:	08/20/2003
Decision Date:	04/02/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/16/2015

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2003. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for cyclobenzaprine apparently dispensed on or around February 27, 2013. A prospective request for cyclobenzaprine was also denied. On January 23, 2015, the applicant reported persistent complaints of low back, 7/10. The applicant was using Norco, Relafen, and naproxen, it was acknowledged. The applicant did have comorbidities including asthma, diabetes, and hypertension. In another section of the note, it was stated that the applicant's medication list included Lidoderm, naproxen, Desyrel, Protonix, Norco, Flexeril, Tenormin, Cozaar, and hydrochlorothiazide. Multiple medications were refilled, including trazodone, cyclobenzaprine, and Norco. The applicant was working with permanent limitations in place, it was suggested. On August 27, 2014, the applicant's medications reportedly included Lidoderm, naproxen, Desyrel, Protonix, Flexeril, Norco, Tenormin, Cozaar, aspirin, and hydrochlorothiazide.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE-FLEXERIL 7.5; ONE TAB Q8HS QUANTITY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 cyclobenzaprine (Flexeril) 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/is using a variety of other agents, including Lidoderm patches, naproxen, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet 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.

CYCLOBENZAPRINE 10MG; ONE TAB Q12HR QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: Similarly, the prospective request for cyclobenzaprine is likewise 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/is using Norco, naproxen, Lidoderm, and a variety of other agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.