MAXIMUS Federal Services

Case Number:	CM15-0063579		
Date Assigned:	04/09/2015	Date of Injury:	07/25/2012
Decision Date:	05/12/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/03/2015

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 July 25, 2012. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve a request for Flexeril. The claims administrator referenced an RFA form received on February 27, 2015 in its determination. The applicant's attorney subsequently appealed. On November 29, 2014, the applicant reported ongoing complaints of low back pain with derivative complaints of insomnia. The applicant was apparently using Lamictal, Depakote, Klonopin, Norco, Flexeril, and Ambien. It was stated that the applicant was using Flexeril twice daily. The applicant had developed depressive symptoms, it was stated, and comorbidities including depression and breast cancer. Facet blocks were endorsed. Work restrictions were also renewed. It was suggested that the applicant was not working with said limitations in place. On May 12, 2014, the applicant's medical-legal evaluator noted that the applicant had not worked since the date of injury and was not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, take one tablet two times a day, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

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 apparently using a variety of other agents, including Wellbutrin, Norco, Ambien, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet, one-refill supply of cyclobenzaprine at issue represents 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.