

Case Number:	CM15-0069867		
Date Assigned:	04/17/2015	Date of Injury:	10/19/2011
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/13/2015

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 38-year-old who has filed a claim for an umbilical hernia reportedly associated with an industrial injury of October 19, 2011. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a request for cyclobenzaprine. A RFA form received on March 30, 2015 was referenced in the determination, along with a progress note dated January 13, 2015. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported periumbilical pain associated with an umbilical hernia. The applicant was asked to consult a general surgeon to further evaluate. Norco, Flexeril, Lotrel, and Motrin were either renewed and/or continued. The applicant's work status was not detailed. The applicant was severely obese, with BMI of 42, it was incidentally noted. In a later note dated April 27, 2015, the applicant again reported ongoing complaints of low back pain and periumbilical abdominal pain status post earlier herniorrhaphy surgery. The applicant was asked to try and taper off of Norco. Baclofen was endorsed at the bottom of the report. Flexeril was included amongst the applicant's medication list on this date, although it was not clear whether the applicant was in fact using the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg, 45 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

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, however, on a variety of other agents, including baclofen, Motrin, Norco, etc., at various points in time. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 45-tablet, two-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.