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| <b>Case Number:</b>   | CM15-0078558 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 01/29/2012 |
| <b>Decision Date:</b> | 05/28/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2015 |

### 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 31-year-old who has filed a claim for chronic low back and bilateral wrist pain reportedly associated with an industrial injury of January 29, 2012. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for Flexeril. An April 3, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated November 3, 2014, the medical-legal evaluator noted that the applicant had found alternate work elsewhere after having received several months of disability and/or indemnity benefits. The applicant was diabetic, it was incidentally noted. The applicant was on Vicodin, Motrin, tramadol, Prilosec, and insulin, it was reported at this point. On January 29, 2015, the applicant was given refills of and/or asked to continue naproxen, Prilosec, tramadol, Methoderm, and Flexeril. Urine drug testing was endorsed. Ongoing complaints of low back pain radiating to legs was reported. The applicant was status post recent epidural steroid injection therapy. A back brace was endorsed. The applicant was given a 10-pound lifting limitation. In a handwritten note dated January 30, 2015, the applicant's pain management physician suggested that the applicant continue Ultracet, naproxen, Flexeril, and physical therapy for ongoing complaints of low back and bilateral wrist pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**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 to Flexeril or other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including naproxen, Prilosec, tramadol, and Menthoderm, the treating provider reported on January 29, 2015. Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that cyclobenzaprine should be reserved for a "short course of therapy." Here, however, the attending provider apparently prescribed, renewed, and/or continued Flexeril on progress notes of January 13, 2015 and January 29, 2015, suggesting that Flexeril was being used above and beyond the "short course of therapy" for which it is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.