

Case Number:	CM15-0093142		
Date Assigned:	05/19/2015	Date of Injury:	03/27/2011
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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 56-year-old who has filed a claim for chronic neck, shoulder, low back, and hip pain reportedly associated with an industrial injury of March 27, 2011. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced an April 28, 2015 RFA form in its determination, along with a progress note dated April 7, 2015. The applicant's attorney subsequently appealed. In an RFA form dated April 23, 2015, Norco, Prilosec, Xanax, Zoloft, Bentyl, drug testing, Flexeril, Neurontin, and a second epidural steroid injection were sought. In an associated progress note of April 7, 2015, the applicant reported multifocal complaints of low back, neck, and bilateral knee pain, 7-8/10. The attending provider contended that the previous epidural steroid injection had proven beneficial. The applicant nevertheless exhibited a visibly antalgic gait. Epidural steroid injection therapy and multiple medications were renewed. The applicant's work status was not clearly detailed, although it did not appear 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:

Flexeril 10mg, 1 tablet 2 times daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 18, 24, 46, 64, 68, 78, 107.

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, in fact, using a variety of other agents, including Norco, Zoloft, Bentyl, Xanax, Neurontin, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet 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.