

Case Number:	CM15-0093236		
Date Assigned:	05/19/2015	Date of Injury:	08/05/2009
Decision Date:	06/24/2015	UR Denial Date:	04/10/2015
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 49-year-old who has filed a claim for chronic low back, neck, leg, and wrist pain reportedly associated with an industrial injury of June 5, 2009. The claims administrator referenced an April 3, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. In an RFA form dated April 30, 2015, electrodiagnostic testing of bilateral lower extremities, Flexeril, and follow-up visit were endorsed. In an associated progress note of the same date, April 30, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was placed off of work, on total temporary disability. The applicant had undergone earlier failed cervical spine surgery, it was suggested. A 90-tablet supply of cyclobenzaprine was endorsed. The applicant's complete medication list was not, however, attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, 1 by mouth 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. The attending provider seemingly suggested that he was intent on employing cyclobenzaprine for chronic, long-term, and/or thrice-daily use purposes. Such usage, however, 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.