MAXIMUS Federal Services

| Case Number: | CM15-0098104 | | |
|---|---|---|---|
| Date Assigned: | 05/29/2015 | Date of Injury: | 06/05/2009 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

## 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 neck and low back pain reportedly associated with an industrial injury of June 5, 2009. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced progress and associated RFA form of April 3, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 10, 2015, electrodiagnostic testing of bilateral lower extremities and cyclobenzaprine were endorsed. In an associated progress note of the same date, April 10, 2015, the applicant reported ongoing, multifocal complaints of neck, low back, hip, knee, foot, and shoulder pain with derivative complaints of anxiety, psychological stress, and insomnia. Activities of daily living as basic as sitting, standing, bending, lifting, twisting worsened the applicant pain complaints, it was acknowledged. Flexeril was endorsed while the applicant was placed off work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #90 (1 by mouth 3 times a day):** 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 (Flexeril) was not medically necessary, medically appropriate, or indicated here. The 90-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. The 90-tablet supply of cyclobenzaprine at issue represented thrice-daily usage of the same, i.e., usage in excess of the "brief" course of treatment for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish rationale for selection of this particular agent on a long-term basis in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.