MAXIMUS Federal Services

Case Number:	CM15-0098865		
Date Assigned:	06/01/2015	Date of Injury:	07/24/2013
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
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 45-year-old who has filed a claim for chronic neck, knee and shoulder pain reportedly associated with an industrial injury of July 24, 2013. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for cyclobenzaprine. The claims administrator referenced a progress note dated April 22, 2015 in its determination. The applicant's attorney subsequently appealed. On April 21, 2015, the applicant reported ongoing complaints of low back pain, 9/10, with ancillary complaints of knee, wrist, and hand pain. Neurontin, Norco, and Flexeril were endorsed, along with urine drug testing and cervical facet injections. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: 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. 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 Neurontin and Norco. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue represents chronic, long-term, and/or daily usage of the same, i.e., usage incompatible with the "brief" course of treatment for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.