MAXIMUS Federal Services

Case Number:	CM13-0023302		
Date Assigned:	11/15/2013	Date of Injury:	04/28/2011
Decision Date:	02/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70-year-old male who sustained a work-related injury on 04/28/2011. Subjectively, the patient reported ongoing issues of lumbar spine pain. Objectively, the patient had decreased range of motion, tenderness to palpation, negative Patrick-FABERE test, and negative straight leg raise bilaterally. Neurologically, deep tendon reflexes were intact. Manual muscle testing was 5/5 and sensation to light touch was intact in the lower extremities bilaterally. Impression was documented as lumbar spine injury, lumbar facet syndrome, disc bulges with disc protrusion, and radiculopathy. A request for authorization for Amrix 15 mg 1 at bedtime, #30, was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix CM24 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (FlexerilÂ®) Page(s): 63-64.

Decision rationale: California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients

with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement, nor is there additional benefit shown in combination with NSAIDs. As such, treatment should be brief and addition of other agents is not recommended. Additionally, cyclobenzaprine is an anti-spasticity medication. Clinical information submitted for review documented physical examination findings of decreased range of motion and tenderness. There is no objective documentation of muscle spasm noted. Furthermore, the clinical provided suggested that the patient has been on the requested medication since at least 08/2013 which surpasses guidelines recommendations of short-term use. Given the above, the request for Amrix CM 24, quantity 1, is non-certified.