

Case Number:	CM13-0038033		
Date Assigned:	12/18/2013	Date of Injury:	05/03/2006
Decision Date:	02/18/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 05/03/2006 due to a fall. The patient ultimately developed chronic pain of the neck, left upper extremity, low back, and right lower extremity. The patient's chronic pain was managed with medications and psychiatric support. The patient's most recent clinical examination findings included a PHQ-9 score of 24/30 that indicated severe depressive symptoms. The patient had limited range of motion of the cervical spine secondary to pain with tenderness to palpation, and muscle spasming over the left upper trapezius muscle. The patient had swelling of the left hand and forearm, and tenderness to palpation over the finger joints. The patient's treatment plan included continued psychological support and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg, between 9/23/2013 and 11/28/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Physician Reviewer's decision rationale: The requested Amrix 15 mg between 09/23/2013 and 11/28/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent spasming of the left upper trapezius. California Medical Treatment Utilization Schedule recommends short courses of muscle relaxants to assist with pain control of acute exacerbation of a patient's chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. Additionally, it is noted that the patient is on another muscle relaxant. Clinical documentation does not clearly identify the need for multiple muscle relaxants. Additionally, as the patient has consistent muscle spasming upon palpation during examinations, efficacy of this medication cannot be established. Therefore, the continuation of Amrix 15 mg between 09/23/2013 and 11/28/2013 is not medically necessary or appropriate.