

Case Number:	CM14-0108902		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2001
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Family Practice 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 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/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:

69 yr. old male claimant sustained a work injury on 10/1/01 involving the neck, back, knees and shoulders. He was diagnosed with chronic pain syndrome, C6 radiculopathy, arthritis of the knees, and right shoulder pain. A progress note on 3/22/14 indicated the claimant had 8/10 neck pain. Acupuncture was recommended and Amrix for muscle spasms along with topical Voltaren gel. A progress note on 7/10/14 indicated the claimant had neck and back spasms. Examination was notable for reduced range of motion of the neck, interscapular spasms and impingement findings in the shoulders. The treating physician had noted the claimant had not been getting his Amrix and prescribed a month prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30 Six Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Algorithms 13-1 and 13-3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): pg 63.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Amrix) is more effective than placebo for back pain. It is recommended for short course therapy and has the

greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. In this case, the claimant had previously taken Amrix for over a month. Continuation for more than several days is not recommended and therefore Amrix is not medically necessary.