

<b>Case Number:</b>	CM14-0010108		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology and 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 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:

The injured worker is a 34-year-old woman who reported an injury on 06/02/2010 and the mechanism of injury was not provided within the medical records. The clinical note dated 02/14/2014 indicated diagnoses of status post fluoroscopically-guided light C3-4 and right C4-5 facet joint radiofrequency nerve ablation, localized effusion of the pisiform-triquetral articulation with heterogeneous signal of the dorsal carpal ligament at the pisiform attachment consistent with a partial thickness tear, dorsal lunate tilt without declination of scapholunate ligament tear or scaphoid fracture, status post positive fluoroscopically-guided diagnostic right C3-4 and C4-5 facet joint medial branch block, status post fluoroscopically-guided bilateral C5-6 and bilateral C6-7 facet joint radiofrequency nerve ablation, status post positive fluoroscopically-guided diagnostic left C5-6 and left C6-7 facet joint medial branch block, right cervical facet joint pain at C5-6 and C6-7 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided right C5-6 and right C6-7 facet joint medial branch block, bilateral lower cervical facet joint pain at C5-6, C6-7, and C7-T1, cervical facet joint arthropathy, bilateral upper cervical facet joint pain at C2-3, C3-4, and C4-5, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain/strain, bilateral wrist tendinitis and hypertension. The injured worker reported bilateral neck pain upper worse than lower and right worse than left with cervicogenic headaches and pain that radiated to the shoulders. The injured worker reported pain rated 7/10. On physical exam, there was tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2-T1 facet joints and right wrists. There were cervical muscle spasms. The cervical and bilateral wrist range of motions were restricted by pain in all directions. The injured worker's cervical extension was worse than cervical flexion. The cervical facet joint and bilateral wrist provocative maneuvers were positive. There were positive cervical muscle spasms. The provider recommended Amrix 15 mg 1 tab by mouth daily 30 tablets. The injured

worker was provided with a prescription for Nucynta ER 150 mg 1 tablet by mouth twice a day 60 tablets. The injured worker was on full time modified duty, temporary partial disability. The Request for Authorization dated 01/24/2014 was submitted for Amrix 15 mg 1 tab daily for 30 days, Nucynta ER 150 mg twice daily #60, a heating pad due to the patient's current heating pad being worn out and broken, oxycodone 10/325 mg #60, docusate sodium 100 mg 1 tab daily as needed constipation 30 days, however a rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**AMRIX 15MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Amrix 15mg #30 is non-certified. The California MTUS Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There was lack of evidence of an acute exacerbation in the document. There was lack of efficacy of the medication in the documentation. In addition, there was lack of evidence in the documentation of a trial of a first-line option such as NSAIDS. Furthermore, the documentation provided indicates the injured worker has been prescribed Amrix since at least 10/07/2013. This time frame exceeds the time frame to be considered short-term use of 2-3 weeks. Therefore, the request for Amrix is non-certified.