MAXIMUS Federal Services

Case Number:	CM14-0133502		
Date Assigned:	08/29/2014	Date of Injury:	10/18/2004
Decision Date:	11/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal Medicine, has a subspecialty in Cardiovascular Disease and Interventional Cardiology and is licensed to practice in Texas, Florida and Oklahoma. 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 60-year-old female who reported an injury on 10/18/2004, the mechanism of injury was not provided. On 02/27/2013, the injured worker presented with diagnoses of cervical disc rupture and cervical radiculitis. She had complaints of bilateral trapezius muscle spasm with radiating pain towards her scapula trigger points. She also has complaints of headaches. Upon examination, the injured worker demonstrated 45 degrees of rotation to the right and left with increasing pain mostly on the left side. There was tenderness noted with spasm over the left trapezius muscles and minimal tenderness over the left scapular trigger point. Medications included Flexeril and Motrin. The provider recommended Amrix 15 mg with a quantity of 30. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents 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: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The request for Amrix 15mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs and pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of documentation of treatment history or length of time the injured worker has been prescribed Amrix. The efficacy of the use of the medication has not been provided. Additionally, an updated physical examination was not submitted for review. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.