

Case Number:	CM14-0134466		
Date Assigned:	09/18/2014	Date of Injury:	07/27/2001
Decision Date:	12/04/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 58 year old female who reported an injury on 07/27/2001 due to cumulative trauma. Her diagnoses were noted to include cervical sprain, lumbar sprain, and lumbar degenerative disc disease. Her past treatments were not provided. Diagnostic studies were noted to include an MRI of the lumbar spine, which revealed degenerative disc disease and facet arthropathy; however, the date of the MRI was not specified. On 08/04/2014, the injured worker rated her back pain 9/10 without medication and 5/10 with medication. She also reported severe pain in her back with a cramping sensation and spasm that radiated down her right leg as well as weakness in her right leg. The physical exam findings of the lumbar spine were noted to reveal inability to stand upright, decreased range of motion, and spasm with tenderness to palpation. Her current medications were noted to include Duragesic patch, Norco, Adderall, and Amrix. The treatment plan included a refill for Amrix. A request was received for Amrix 15mg 1-2 QHS PRN back spasms Qty 30. A Request for Authorization form was dated 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg 1-2 QHS PRN Back Spasms Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The request for Amrix 15mg 1-2 QHS PRN Back Spasms Qty 30 is not medically necessary. The California MTUS Guidelines recommend Cyclobenzaprine for a short course of therapy for muscle relaxant effects; however, it is not recommended for use longer than 2-3 weeks. The 08/04/2014 treatment plan included a refill of Amrix; however, there was no additional documentation to indicate how long the injured worker had been taking the medication. Additionally, there was no documentation of significant objective functional improvement with the medication. Therefore, in the absence of this documentation, the request for Amrix 15mg 1-2 QHS PRN back spasms Qty 30 is not medically necessary.