

Case Number:	CM14-0138761		
Date Assigned:	09/05/2014	Date of Injury:	10/05/2011
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 and Washington. 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 43-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbago of the low back, cervical pain/cervicalgia, and myofascial pain syndrome/fibromyalgia. Past medical treatment consists of physical therapy, trigger point injections, and medication therapy. Medications include trazodone, Amrix, Miralax, Medrol, Toradol, and hydrocodone/acetaminophen. The injured worker complained of constipation but denied nausea and vomiting. It is unclear if this is due to medication. A urine drug screen submitted on 07/17/2014 revealed that the injured worker was not in compliance with her prescription medications. It was noted that the drug screen was positive for amphetamine. On 08/07/2014, the injured worker complained of low back and neck pain. Physical examination revealed that the injured worker had a pain rate of 4/10 with medication. Cervical spine was tender to palpation with decreased flexion, decreased extension, decreased rotation, decreased left lateral bending, and decreased right lateral bending. Left upper extremities were overall normal. Right upper extremities were overall normal. It was noted that the injured worker was tender at the lumbar spine, tender at facet joint, with decreased flexion, decreased extension, and decreased lateral bending. Sacroiliac joints were tender at the right and tender at the left. The treatment plan for the injured worker was to continue the use of Amrix 30 mg. The provider feels it is necessary for the injured worker to continue the use of medication. He is also recommending the injured worker have cervical medial branch blocks to rule out facet arthropathy. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Amrix), Page(s): 41, 63..

Decision rationale: The request for Amrix 30 mg #30 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The request for Amrix 30 mg #30 exceeds the Guideline recommendations of short term therapy. The provided medical records lacked any evidence of significant objective functional improvement with the medication. Furthermore, it was noted in the urinalysis drug screen submitted by the provider that the injured worker was not in compliance with the MTUS recommended Guidelines. Additionally, the request as submitted did not indicate a frequency or duration. Given the above, the injured worker is not within the MTUS recommended Guidelines. As such, the request for Amrix 30 mg #30 is not medically necessary.