

Case Number:	CM14-0177583		
Date Assigned:	10/31/2014	Date of Injury:	09/06/1997
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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 patient is a 62-year-old male who has submitted a claim for myofascial pain syndrome and lumbar degenerative disc disease associated with an industrial injury date of 9/6/1997. Medical records from 2014 were reviewed. Progress reports were handwritten and somewhat illegible. Patient complained of neck pain and low back pain. He had difficulty with regards to activities of daily living including climbing stairs, walking, shopping, doing housework, and gardening. Physical examination showed crepitus in the shoulder and normal deep tendon reflexes. Treatment to date has included Amrix (since October 2014), Celebrex, Xanax, tramadol, Xanax, Flexeril (since August 2014), and Mobic. Utilization review from 10/13/2014 denied the request for Amrix 15mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient complained of neck pain and low back pain. He had difficulty with regards to activities of daily living including climbing stairs, walking, shopping, doing housework, and gardening. Physical examination showed crepitus in the shoulder and normal deep tendon reflexes. Patient was prescribed Flexeril on August 2014 and Amrix on October 2014. It was unclear whether Amrix was prescribed as adjuvant therapy to Flexeril or if Flexeril was shifted to Amrix. There was limited information available for review. Furthermore, progress reports were handwritten and somewhat illegible. There was no evidence of muscle spasm or stiffness to necessitate muscle relaxant in this case. The medical necessity cannot be established to insufficient information. Therefore, the request for Amrix 15mg #30 with 1 refill is not medically necessary.