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| Case Number: | CM14-0179976 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 09/16/1998 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of September 16, 1998. A utilization review determination dated October 1, 2014 recommends noncertification of Amrix 15 mg #60 1-2 PO Q HS. A progress report dated September 25, 2014 identifies subjective complaints of low back pain due to increased activity. Pain is 7-8/10 without medication and 5-6/10 with medication. The patient found Amrix samples more helpful than Skelaxin or Zanaflex. She reports poor sleep due to pain level and spasms. Neurontin improves her pain but causes side effects of sleepiness. Objective examination findings reveal limited range of motion in the back with tenderness to palpation. Diagnoses include lumbago, lumbar degenerative disc disease, and lumbar disc displacement. The treatment plan recommends discontinuing Zanaflex and starting Amrix. Amrix is recommended for spasm control and promoting sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for AMRIX 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

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

Decision rationale: Regarding the request for cyclobenzaprine (Amrix), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it appears the patient has used first-line treatment previously for the current complaints. The current request is for initiation of Amrix. Therefore, documentation regarding subjective and objective improvement are not required. The patient does have subjective complaints and physical examination findings consistent with myofascial pain in the lumbar spine, which is affecting the patient's function. Therefore, a trial of Amrix is a reasonable next treatment option. It should be noted, that ongoing use of Amrix would require documentation of analgesic efficacy and objective functional improvement, and should only be used for a short-term basis. Therefore, the currently requested Amrix is medically necessary.