

<b>Case Number:</b>	CM14-0181919		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 2/24/10 date of injury. At the time (9/19/14) of request for authorization for Amrix 15mg #30 and Limbrel 500mg #60, there is documentation of subjective (back, neck, and right shoulder pain) and objective (moderately restricted internal rotation and abduction of the right shoulder, moderate atrophy on the right infraspinatus muscles, tenderness to palpitation over the right biceps tendon and shoulder, tenderness to palpitation over the cervical and lumbar spine muscles, cervical and lumbar paraspinal spasms, trigger points in the trapezius, restricted range of motion of the cervical spine and lumbar spine due to pain, and positive straight leg raise) findings, current diagnoses (cervical strain, right shoulder impingement, and status post right and left knee arthroscopy), and treatment to date (medications (including ongoing treatment with Amrix and Limbrel since at least 8/26/13)). Regarding Amrix 15mg #30, there is no documentation of acute exacerbation of chronic low back pain; Amrix used as a second line option for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Amrix use to date.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Non-Sedating Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical strain, right shoulder impingement, and status post right and left knee arthroscopy. However, despite documentation of muscle spasms, and given documentation of a 2/24/10 date of injury, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, there is no documentation of Amrix used as a second line option. Furthermore, given documentation of records reflecting prescriptions for Amrix since at least 8/26/13, there is no documentation of the intention to treat over a short course (less than two weeks). Lastly, given documentation of ongoing treatment with Amrix, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Amrix use to date. Therefore, based on guidelines and a review of the evidence, the request for Amrix 15mg #30 is not medically necessary.

**Limbrel 500mg #60:** 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), Pain Procedure Summary, Limbrel (flavocoxid/arachidonic acid), Medical Food

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Limbrel (flavocoxid)

**Decision rationale:** MTUS does not address this issue. ODG identifies that Limbrel is not recommended based on additional evidence of adverse effects. Therefore, based on guidelines and a review of the evidence, the request for Limbrel 500mg #60 is not medically necessary.