

Case Number:	CM14-0028295		
Date Assigned:	06/13/2014	Date of Injury:	07/25/2013
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Internal medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 36 year old male with date of injury on 7/25/13. The mechanism of injury is stated as lifting heavy items. The patient has complained of lower back pain since the date of injury. He has been treated with physical therapy and medications. MRI of the lumbar spine dated 08/2013 revealed disc disease and protrusion at L5-S1. Objective assessment revealed lumbar spine paraspinous musculature tender to palpation, positive straight leg raise on the left. Diagnoses: lumbar spine disc disease. The treatment plan and request was for Amrix 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF AMRIX (CP2415) 15MG QTY #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

Decision rationale: This 36 year old male has had low back pain since date of injury 7/25/13. He has been treated with physical therapy and medications to include Amrix for at least 6 weeks duration. The current request is for Amrix 15 mg. Per the MTUS guideline cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be

used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. On the basis of these MTUS guidelines, Amrix (cyclobenzaprine) is not indicated as medically necessary.