

Case Number:	CM14-0041261		
Date Assigned:	06/20/2014	Date of Injury:	02/13/2003
Decision Date:	07/21/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/12/2014

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 Nevada. 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 50-year-old male who was reportedly injured on February 13, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated March 3, 2014, indicated there were ongoing complaints of cervical dystonia. The physical examination demonstrated mild to moderate torticollis to the right side and significantly decreased cervical spine range of motion. Botulism toxin injections were recommended as well as continued use of Zanaflex. A request was made for Amitriptyline and Amrix which was not certified in the pre-authorization process on March 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10MG, #30 with 1 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Antidepressants for chronic pain, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, Amitriptyline is an antidepressant indicated as a first line option for treatment of both neuropathic and non-

neuropathic pain especially in patients who also are diagnosed with depression. According to the medical record, the injured employee has also been diagnosed with depression in addition to neck pain and headaches. The injured employee has had continued symptoms despite treatments with other oral medications. Therefore, this request for Amitriptyline 10 mg # 30 with 1 refill is medically necessary and appropriate.

Amrix 15MG, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, Muscle relaxants (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Amrix is a muscle relaxant of the generic name cyclobenzaprine. According to the medical records provided, the injured employee has been previously prescribed another muscle relaxant, tizanidine, without significant benefit. Therefore, it is unclear why another muscle relaxant has been prescribed. The request for Amrix is 15 mg # 30 with 3 refills is not medically necessary and appropriate.