

Case Number:	CM14-0048729		
Date Assigned:	06/25/2014	Date of Injury:	12/05/2008
Decision Date:	10/06/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on December 5, 2008 due to falling from a ladder. The most recent progress note, dated June 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness along the cervical spine with spasms and decreased range of motion. There was a positive left-sided Spurling's test. The examination of the lumbar spine also noted tenderness over the paraspinal muscles, spasms, and restricted motion. There was decreased sensation bilaterally in the L5 dermatomes and a positive bilateral straight leg raise test. Diagnostic nerve conduction studies of the lower extremities were normal. An MRI of the lumbar spine showed a narrowed disk space at L4 - L5 with a 2 mm left side lateral bulge. There is also a retrolisthesis of L5 on S1. Previous treatment includes nerve root blocks and oral medications. A request had been made for Amrix ER and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER 15mg 1 po daily #30: Upheld

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 Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Amrix is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations and this medication has been prescribed for long-term use. As such, this request for Amrix is not medically necessary.