

<b>Case Number:</b>	CM14-0059098		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Interventional Spine 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:

The patient is a 53 year old male with an injury date of 08/07/00. Based on a 03/20/14 progress report provided by [REDACTED] the patient complains of pain in low back that goes down her bilateral legs. The pain is worse on the right leg and presents with numbness and weakness. The patient also has left gluteal pain and tenderness over IPG (Implantable Pulse Generator). Physical Examination on 03/20/14: Patient presents with slightly hip-flexed gait. There is tenderness to palpation over bilateral lumbar paraspinals and over IPG site at left gluteus. The lumbar spine shows decreased ROM (range of motion), where left and right lateral bending is 5 degrees, and extension is limited to 5 degrees. There is numbness to right lateral thigh. Deep tendon reflex of lower extremities: 1+ and symmetric bilaterally. Negative straight leg raise. Diagnoses: Chronic pain syndrome; Chronic postoperative pain (date unspecified); postlaminectomy syndrome, lumbar (date unspecified); Lumbago; Lumbar radiculitis; Pain in soft tissues of limb. Medications: Lidoderm, ibuprofen, Nexium, BP and cholesterol meds, metformin, Allegra. Other Treatments: spinal cord stimulator (SCS), acupuncture, chiropractic, topicals. Per the treating physician progress report dated 03/20/14, the patient is to discontinue Flexeril due to dizziness, and start Amrix for muscle spasm. Dr. [REDACTED] is requesting Amrix 15mg #30. The utilization review determination being challenged is dated 04/11/14. The rationale is recommendation for weaning due to lack of documentation of a maintained increase in function or decrease in pain with the use of medication. Dr. [REDACTED] is the requesting provider, and he has provided treatment reports from 12/10/13 - 03/20/14. Physical Examination on 03/20/14: Patient presents with slightly hip-flexed gait. There is tenderness to palpation over bilateral lumbar paraspinals and over IPG site at left gluteus. The lumbar spine shows decreased ROM, where left and right lateral bending is 5 degrees, and extension is limited to 5 degrees. There is

numbness to right lateral thigh. Deep tendon reflex of lower extremities: 1+ and symmetric bilaterally. Negative straight leg raise. Diagnoses: 1. Chronic pain syndrome 2. Chronic postoperative pain (date unspecified) 3. postlaminectomy syndrome, lumbar (date unspecified) 4. Lumbago 5. Lumbar radiculitis 6. Pain in soft tissues of limb. Medications: lidoderm, ibuprofen, nexium, BP and cholesterol meds, metformin, allegra. Other Treatments: spinal cord stimulator (SCS), acupuncture, chiropractic, topical. Per treating progress report dated 03/20/14, patient is to discontinue Flexeril due to dizziness, and start Amrix for muscle spasm. Dr. [REDACTED] is requesting Amrix 15mg #30. The utilization review determination being challenged is dated 04/11/14. The rationale is recommendation for weaning due to lack of documentation of a maintained increase in function or decrease in pain with the use of medication. Dr. [REDACTED] is the requesting provider, and he has provided treatment reports from 12/10/13 - 03/20/14.

### **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 Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** The patient presents with lumbago and lumbar radiculitis. The request is for Amrix 15mg #30. There is tenderness to palpation over bilateral lumbar paraspinals and over IPG site at left gluteus. Per treating physician progress report dated 03/20/14, patient shows decreased range of motion to the lumbar spine and presents with a hip-flexed gait. MTUS Chronic Pain Medical Treatment Guidelines page 63-66 state "for ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)" Per treating physician progress report dated 03/20/14, patient is to discontinue Flexeril due to dizziness, and start Amrix for muscle spasm. Amrix and Flexeril are both cyclobenzaprine. Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used cyclobenzaprine, in the form of Flexeril at least from 03/20/14 as per the treating physician's report. This is about 3 weeks from utilization review date of 04/11/14. Recommendation is that the request is not medically necessary.