

Case Number:	CM14-0063491		
Date Assigned:	07/11/2014	Date of Injury:	08/25/2000
Decision Date:	09/09/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 50-year-old female was reportedly injured on August 25, 2000. The mechanism of injury is noted as an injury to the lower back and right leg while carrying merchandise through a store. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of mid back pain, low back pain, and bilateral leg pain. Current medications include methadone 10 mg. The physical examination was stated to be unchanged from prior. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes home exercise, ice/heat, the use of a tens unit, and a home exercise program. A request had been made for methadone 5 mg for the purpose of weaning and was not certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMRIX ER 15 MG 6 PM DAILY QTY 30 DAYS 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Amrix ER 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 nor are there any spasms present on physical examination. For these reasons this request for Amrix ER is not medically necessary.