

Case Number:	CM14-0067486		
Date Assigned:	07/11/2014	Date of Injury:	02/27/2006
Decision Date:	09/19/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 60 year old male who had a work related injury on 02/27/06. The mechanism of injury is not documented. The most recent clinical note submitted for review is dated 04/16/14. The injured worker is in the office today for back pain radiating from the low back down to his left leg, to the level of his knee. The pain is averaging 6-8 on a scale of 0-10 worse with activities such as walking. It was noted that the injured worker was last seen in December of 2013, he reports he went to [REDACTED] for a relative's funeral and was stranded there for several months. He states he has been out of his medications since the last visit, with worse pain in the lower back, left leg, and left knee. Also, pain was noted in the contralateral right knee for the past month. MRI of his left knee dated 02/26/10 no evidence of meniscal tear or injury. He underwent transforaminal epidural steroid injection on the right at L5-S1 and S1-S2 in 2010, 2011. He has had 4 total injections. Physical examination the injured worker has a left sided antalgic gait, has slowed gait, and is assisted by a cane. Lumbar range of motion is restricted with flexion limited to 30 degrees, extension limited to 0 degrees, limited by pain. Right lateral bending was limited to 10 degrees limited by pain. Upon palpation, paravertebral muscles, hypertonicity, spasms, tenderness, and tight muscle band is noted on both the sides. The injured worker cannot walk on heels, cannot walk on toes. Lumbar facet loading is positive on the left side. Straight leg raising test is positive on the left side in the seated position at 70 degrees. Tenderness noted over the sacroiliac spine. Right knee examination, range of motion is restricted with flexion limited to 110 degrees and extension limited to 90 degrees. Crepitus was noted with active movement. Tenderness to palpation is noted over the patella. No joint effusion noted. Left knee examination, reveals surgical scar. Range of motion is restricted with flexion limited to 100 degrees and extension limited to 90 degrees, limited by pain. Crepitus is noted with active movement. Tenderness to palpation is noted over the lateral joint line and medial

joint line. Strength of elbow, shoulders, rated 5/5 bilaterally. EHL is 5-/5 on the right and 1/5 on the left, ankle dorsa flexor is rated 5-/5 on the right and 1/5 on the left, ankle plantar flexor is 5-/5 on the right and 4/5 on the left. Knee extensor is 5-/5 on the right and 4/5 on the left. Knee flexor is 5-/5 on both sides. Sensory examination, light touch sensation is decreased over the S1 lower extremity dermatome on the left side. Diagnoses are: lumbar radiculopathy, Low back pain, Knee pain, and Spasm of muscle. Prior utilization review on 04/28/14 was modified for a short 2 week course.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER 15mg #14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 OF 127.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.