

Case Number:	CM14-0071556		
Date Assigned:	07/16/2014	Date of Injury:	08/24/2007
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/17/2014

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 53-year-old male who was reportedly injured on August 24, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 30, 2014, indicated that there were ongoing complaints of upper extremity numbness. The physical examination demonstrated a 5'2", 180 pound individual with a decreased cervical spine range of motion. Compression testing was also noted to be positive. Diagnostic imaging studies were not reviewed. Previous treatment included surgical intervention, multiple medications and conservative care. A request was made for the medication Amrix and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Amrix) 15mg #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 Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-

term use. Given the claimant's date of injury and current clinical presentation, and noting the parameters identified in the California Medical Treatment Utilization Schedule as well as the physical examination, there is no clinical evidence presented to support the medical necessity of this preparation. Therefore, the request is not medically necessary.