

<b>Case Number:</b>	CM14-0080027		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/04/2009
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 & Rehabilitation and Pain Management, 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 55-year-old female with date of injury of 01/04/2009. The listed diagnoses per [REDACTED] dated 11/07/2013 are: 1. cervical pain.2. Low back pain.3. Disk disorder, lumbar spine.4. Depression with anxiety.5. Chronic pain syndrome. According to this report, the patient complains of pain in her whole entire body - posterior and anterior pain. She describes her pain as sharp aching and pins and needles. She rates her pain 7/10. The patient also complains of joint pain, joint swelling, and morning stiffness. Since her last visit, her quality of life has worsened. Activity level has decreased with reports of decreased ADLs (Activities of Daily Living). The patient is taking medications as prescribed. No medication abuse is suspected. She reports functional benefit with her pain medications. She denies any side effects. The objective findings on the report dated 09/26/2013 shows that the patient is able to ambulate without any assistive devices. There is tenderness noted on both sides of the paravertebral muscles of the cervical spine. Upon palpation of the lumbar spine, paravertebral muscles were tender on both sides. Strength is 5/5 in all the major muscle groups. Sensation is intact to light touch and pinprick. Reflexes are equal and symmetric bilaterally in the upper and lower extremities. Babinski's is negative. The utilization review denied the request on 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15mg #30 for 6 months:** Upheld

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

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

**Decision rationale:** This patient presents with multiple areas of pain. The treater is requesting Amrix 15 mg, quantity #30 for 6 months. The MTUS Guidelines page 64 recommends cyclobenzaprine as a short-course therapy with limited, mixed evidence. Cyclobenzaprine is a skeletal/muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used for longer than 2-3 weeks. It is unclear from the records when the patient started taking Amrix and there is no documentation that this medication is to be used for short-term only. The current request for 6 months is certainly for a long-term use. Therefore, the request of Amrix 15mg #30 for 6 months is not medically necessary and appropriate.