

Case Number:	CM14-0130445		
Date Assigned:	08/20/2014	Date of Injury:	11/10/2005
Decision Date:	01/27/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Emergency Medicine 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 injured worker is a 42 year-old female, who sustained an injury on November 10, 2005. The mechanism of injury is not noted. Treatments have included: medications. The current diagnoses are: CRPS, Reflex sympathetic dystrophy, chronic pain syndrome. The stated purpose of the request for Amrix 15mg was for spasms. The request for Amrix 15mg was denied on August 5, 2014, citing a lack of documentation of an acute flare-up. Per the report dated April 23, 2014, the treating physician noted complaints of neck pain with radiation to both arms. Exam shows allodynia over both hands, but intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Amrix 15mg is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the

acute phase of treatment. The injured worker has neck pain with radiation to both arms. The treating physician has documented allodynia over both hands, but intact sensation. This medication has been prescribed since at least February 2014. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Amrix 15mg is not medically necessary.