

Case Number:	CM14-0191547		
Date Assigned:	11/25/2014	Date of Injury:	05/06/2002
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

This 71 year-old patient sustained an injury on 5/6/2002 while employed by [REDACTED]. Request(s) under consideration include Amrix 15mg #60. Diagnoses include lumbosacral disc degeneration. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing low back pain. Report of 10/2/14 from the provider noted the patient with severe back pain rated at 9/10 radiating down the bilateral buttocks, unable to function without pain medications. It was noted the patient has 50% reduction in pain and improved function with use of medications. Exam showed unchanged decreased lumbar range of motion; positive SLR with diminished reflexes, muscle rigidity, and altered diffuse sensation lost with full lower extremity muscle strength. The request(s) for Amrix 15mg #60 was non-certified on 10/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 47.

Decision rationale: The patient has been prescribed Amrix since at least 8/5/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Amrix is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations for few weeks) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2002. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration as there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functional unchanged. The Amrix 15mg #60 is not medically necessary and appropriate.