

<b>Case Number:</b>	CM15-0008274		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old injured male worker suffered and industrial injury on 12/5/2008. The diagnoses were lumbar radiculopathy, anxiety disorder, brachial neuritis or radiculitis and chronic pain syndrome. The diagnostics were x-rays, magnetic resonance imaging of the lumbar spine, and electromyography. The treatments were medications. The treating provider reported back pain had persistently worsened. The exam revealed cervical muscle tenderness and spasms with restricted range of motion. The lumbar spine muscles were tender with spasms with restricted range of motion and diminished sensation along with positive straight leg raise. The Utilization Review Determination on 12/17/2014 non-certified Amrix ER 15mg #30, citing MTUS Chronic Pain Treatment Guidelines, muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix ER 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-66.

**Decision rationale:** The patient presents with significant lower back pain this is worsening. The current request is for Amrix ER 15mg #30. The treating physician states, on 12/15/14 (C72) 'patient to continue taking medications as before.' MTUS guidelines state, 'recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy.' MTUS guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of the clinical history provided documents that the patient has used cyclobenzaprine, in the form of Amrix, since at least 6/10/14. In this case, the patient has been taking Amrix for longer than the MTUS guidelines support. Therefore, the current request is not medically necessary and recommendation is for denial.