

Case Number:	CM15-0014171		
Date Assigned:	02/02/2015	Date of Injury:	10/02/2007
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 45 year old female injured worker suffered an industrial injury on 10/2/2007. The diagnoses were pain in the thoracic spine, contusion of the knee, wrist and hand sprain, thoracic sprain, thoracic disc displacement, lumbar disc displacement, brachial neuritis, cervicgia and cervical disc displacement. The treatments were medications. The treating provider reported decreased range of motion to the thoracic and cervical spine, with significant pain. The injured worker reported the Soma left her drowsy where the Amrix did not. The Utilization Review Determination on 1/21/2015 non-certified Amrix 15mg #30, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2007. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any goals for improvement in pain, functional status or a discussion of side effects specifically related to cyclobenzaprine to justify use. There is also no spasm noted on physical exam. The medical necessity of cyclobenzaprine is not substantiated in the records.