MAXIMUS Federal Services

Case Number:	CM15-0131948		
Date Assigned:	07/20/2015	Date of Injury:	08/27/2003
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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
Certification(s)/Specialty: Anesthesiology

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 49 year old female, who sustained an industrial injury on August 27, 2003. She reported injuries of the left side of the neck, shoulder, and low back. The injured worker was diagnosed as having left upper extremity complex regional pain syndrome, left shoulder adhesive capsulitis, and left cervicoscapular myofascial pain. Diagnostic studies to date have included: On November 3, 2003, an MRI of the left shoulder revealed mild bursal surface irregularity of the supraspinatus tendon with a small amount of fluid in the anterior bursa without evidence of a full thickness rotator cuff tear. On March 3, 2006, an MRI of the thoracic spine revealed a mid-thorax syrinx without evidence of tumor or expansion of the cord itself at this level and unusual uptake of the gadolinium. On May 8, 2006, an MRI of the cervical spine revealed very minimal degenerative disk loss of signal with no significant bulge seen at any level. There were some mild degenerative changes seen between the lateral masses, at the left cervical 3-4 and cervical 4-5 levels. Treatment to date has included physical therapy, work modifications, steroid injections, a home exercise program, psychotherapy, and medications including oral opioid analgesic, topical analgesic, anti-epilepsy, antidepressant, muscle relaxant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: September 10, 1993, November 20, 1995, and November 3, 2003. Comorbid diagnoses included history of fibromyalgia, anxiety and depression since 2004, irritable bowel syndrome, and interstitial cystitis. On April 30, 2015, the treating physician noted left upper and medial scapular musculature pain, which is dull and achy with radiation to the left upper arm. Associated symptoms included intermittent numbness and tingling of the entire left upper

extremity. Her pain is rated 6-7/10. Her current pain medications helped her remain active, but she was unable to use her left arm in daily activities. Her current medications included Neurontin, Amrix, and Voltaren Gel. The Amrix was helpful. The cervicoscapular exam revealed a superiorly migrated left humeral head, range of motion 70% of normal except for left lateral bending and lateral rotation is 50%, and localized tenderness of the left levator scapulae, upper trapezius, supraspinatus, and medial scapular musculature. The Spurling's test was negative bilaterally. The left shoulder exam revealed signs go adhesive capsulitis. There was severely decreased range of motion in all planes and a positive apprehension test. The left upper extremity strength was decreased and limited by pain. There was diffuse allodynia-sensitivity of the entire left upper extremity. The treatment plan includes continuing Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle Relaxants (for pain) Page(s): 41; 63-66.

Decision rationale: According to the reviewed literature, Amrix (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. The guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. The medical records show that the injured worker has been taking Amrix since at least February 2015, which exceeds the short-term treatment recommended by the guidelines. There is no documentation of subjective complaints of acute spasms of the low back and no documentation of muscle spasms on the physical exam. In addition, the patient has not shown a documented benefit or any functional improvement from prior Amrix use. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.