

Case Number:	CM15-0160793		
Date Assigned:	08/27/2015	Date of Injury:	04/12/1997
Decision Date:	09/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 59 year old male with an industrial injury dated 04-12-1997. His diagnoses included lumbar disc displacement and lumbosacral neuritis. Prior treatments included TENS, acupuncture, and laminectomy with open window procedure from lumbar 2-3 and lumbar 4-5 and medications. He presented on 07/16/2015 with complaints of severe pain. "He can hardly walk because of the back pain, leg pain." He rates his pain as 8 out of 10, at best 4 out of 10 with medications and 10 out of 10 without medications. He reports 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. Physical exam revealed palpable spasm in the lumbar trunk. He could not stand up straight and could flex 20 degrees only. There was sensory loss to light touch and pinprick in the left lateral calf, bottom of his foot. Left Achilles reflex was absent and there was a 4 out of 5 weakness in left thigh flexion and knee extension. Gait was antalgic. The provider documented post-operative MRI showing a central disc herniation and stenosis compromising the lumbar 1-2 nerve roots above surgery site. Medications included Norco, Celebrex and Amrix. The treatment request is for Amrix 15 mg, #60.

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) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.