

Case Number:	CM15-0163551		
Date Assigned:	08/31/2015	Date of Injury:	05/31/2006
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 53-year-old male, who sustained an industrial injury on May 31, 2006. The injured worker was diagnosed as having cervicalgia. Treatment to date has included cervical fusion, therapy and medication. A progress note dated July 30, 2015 provides the injured worker complains of chronic headaches, neck and shoulder pain rated 4 out of 10 and decreased from 7 out of 10 previously. He reports frequent left shoulder dislocations 3-4 times a week. Physical exam notes an antalgic gait with left foot turned inward. There is slow arm movement and difficulty sitting comfortably. There is cervical tenderness to palpation of the trapezius area with decreased range of motion (ROM). There is shoulder tenderness to palpation with decreased range of motion (ROM). The lumbar area has tenderness to palpation and painful decreased range of motion (ROM) with sacroiliac joint tenderness to palpation and spasm. The plan includes Amrix, Celebrex, Cymbalta, Lyrica, Percocet and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amirix 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Amrix.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Muscle relaxants (for pain).

Decision rationale: Amrix 15mg #30 is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that Cyclobenzaprine Extended Release is called Amrix and that immediate release Cyclobenzaprine is recommended over long term due to the recommended short course of therapy. The MTUS does not support Cyclobenzaprine longer than 2-3 weeks. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame or using an extended form of Cyclobenzaprine. The request for Amrix is not medically necessary.