

Case Number:	CM15-0164219		
Date Assigned:	09/01/2015	Date of Injury:	01/06/1993
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 68 year old male sustained an industrial injury to the neck and back on 1-6-93. Previous treatment included physical therapy, chiropractic therapy, acupuncture and medications. Recent treatment consisted of medication management. Documentation did not disclose recent magnetic resonance imaging. In an office visit dated 7-29-15, the injured worker reported that his pain level was 7 out of 10 on the visual analog scale with spasms and weakness bilateral lower extremities. The injured worker reported that he wanted to try a new muscle relaxant. Physical exam was remarkable for cervical spine with limited range of motion due to myofascial pain and spasms, significant spasms and twitching of the levator scapula and trapezius muscles, significant point tenderness along the muscles as well as the deep cervical fascia and extension caused facet loading pain. Current diagnoses included cervicalgia, lumbago, muscle spasms, other disorder of muscle, ligament and fascia, straining on urination, dysuria, depression, hypothyroidism, brachial neuritis, ankle and foot osteoarthritis, chronic pain syndrome, anxiety, insomnia, idiopathic peripheral neuropathy and cervical spine radiculopathy. The physician noted that the injured worker suffered from chronic neck pain with myofascial pain and spasms with brachial radiculopathy in bilateral upper extremities. The treatment plan included continuing Cialis and initiating Amrix as needed for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

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 certified.