

Case Number:	CM15-0190515		
Date Assigned:	10/02/2015	Date of Injury:	07/12/2001
Decision Date:	11/13/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, California
 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 60-year-old female, who sustained an industrial injury on 7-12-01. The injured worker was diagnosed as having chronic cervicalgia; recurrent myofascial strain; reactive anxiety; depression; cervical spondylosis; spinal enthesopathy; opioid dependency; brachial neuritis; pain in the joint shoulder; spasm muscle. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker was seen as a follow-up of the 2-10-15 visit. In the interim, the provider notes, she has been in the hospital with pneumonia and CHF. She has a MRI of the Thoracic spine to evaluate for thoracic outlet syndrome. The provider notes the MRI did not address this in the discussion. Her authorization for an EMG-NCV study is still pending. The provider notes her pain levels "Her pain level is reported as 9-10 out of 10 without medication and 6-8 out of 10 with medication. She has continued with Fentanyl Patch and Opana IR. Other medication list includes Amrix, gralise, Celebrex. She reports that she has had trouble getting her medications authorized and has had to pay cash on some occasions. Her pain is characterized as sharp, dull, throbbing, burning and aching. Her pain is constant and intermittent. Her pain is increased by doing too much with the left arm. The patient has had history of worsening of radicular symptoms in right upper extremity on 3/20/15. She indicates her pain is decreased by lying down and medication. The medical records submitted do not indicate when Amrix was begun for this injured worker. A Request for Authorization is dated 10-26-15. A Utilization Review letter is dated 10-23-15 and non-certification was for Amrix 30mg 1-2 tab qhs #30. A request for

authorization has been received for Amrix 30mg 1-2 tab qhs #30. The patient has had MRI of the thoracic spine that revealed multilevel degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 30mg 1-2 tab qhs #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy." The injured worker was diagnosed as having chronic cervicgia; recurrent myofascial strain; reactive anxiety; depression; cervical spondylosis; spinal enthesopathy; opioid dependency; brachial neuritis; pain in the joint shoulder; and spasm muscle. The patient has had history of worsening of radicular symptoms in right upper extremity on 3/20/15. The patient has had MRI of the thoracic spine that revealed multilevel degenerative changes. The patient has evidence of muscle spasms. The patient has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Amrix 30mg 1-2 tab qhs #30 is medically necessary and appropriate for prn use during exacerbations.