

Case Number:	CM15-0195571		
Date Assigned:	10/09/2015	Date of Injury:	07/10/1998
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/05/2015

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 Jersey, New York

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 51 year old female sustained an industrial injury on 7-10-98. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome with depression, complex regional pain syndrome and ulnar neuropathy of the elbows. Previous treatment included injections, transcutaneous electrical nerve stimulator unit, cervical traction, home exercise, psychotherapy and medications. In a Pr-2 dated 9-18-15, the injured worker continuing ongoing neck, arm, jaw, back, right shoulder and bilateral arm pain as well as headaches. The injured worker also complained of right arm numbness and "some" leg and rib pain. The injured worker reported that her pain was helped with injections, transcutaneous electrical nerve stimulator unit and cervical traction unit. Amrix helped with spasms. The injured worker had been prescribed Amrix since at least 7-21-15. The injured worker continued home exercise with swimming and aerobics. Physical exam was remarkable for tenderness to palpation to the left anterior and posterior shoulder. The injured worker was alert, awake and oriented times three with fluent speech and intact comprehension, anxious affect and signs of depression. No further objective findings were documented. The injured worker received injections into the greater occipital nerve and bilateral cervical paraspinous musculature during the office visit. The treatment plan included continuing psychotherapy, transcutaneous electrical nerve stimulator unit, cervical traction and medications (Amrix, Phenergan, Zolpidem, Lidoderm patch, Percocet, Senna, Miralax, Midrin and Lyrica). On 9-30-15, Utilization Review noncertified a request for Amrix 15mg capsules (no quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg capsules (no qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The patient is currently on Percocet as well which may contribute to dizziness and drowsiness as well. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Quantity was not included in the request. Therefore, the request is considered not medically necessary.