

Case Number:	CM15-0196678		
Date Assigned:	10/12/2015	Date of Injury:	10/03/2013
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old female, who sustained an industrial injury on 10-3-2013. The injured worker is undergoing treatment for: lumbar degenerative disc disease with facet osteoarthropathy, sciatica, and lumbar radiculitis. On 8-25-15, and 9-23-15, she reported low back pain with radiation into the bilateral legs. Her pain is rated 9 out of 10. On 10-2-15, she reported continued back and leg pain. She rated her pain 9 out of 10. She is noted to have been positive with methamphetamines with her last urine drug screen; a repeat test is noted to have been negative. Objective findings revealed pain with rising from a chair, tenderness in the thoracolumbar fascia and facets, pain with rotation. The records do not discuss reported complaint of or physical findings of hypertonicity or spasms. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (5-20-15), medications, urine drug screen (10-2-15). Medications have included: Lyrica, omeprazole, famotidine, magnesium oxide, tramadol, topical cream, senna, docusate sodium, pantoprazole. Current work status: permanent and stationary. The request for authorization is for: Amrix 15mg quantity 30 with 4 refills. The UR dated 9-8-2015: modified certification of Amrix 15mg quantity 30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg #30 with 4 refills: 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): Muscle relaxants (for pain).

Decision rationale: Per MTUS Chronic Pain Guidelines, muscle relaxants are not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations for few weeks) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent, most studies are small, and of short duration as there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical findings for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Amrix 15 mg #30 with 4 refills is not medically necessary and appropriate.