

Case Number:	CM15-0197724		
Date Assigned:	10/13/2015	Date of Injury:	02/21/2004
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 2-21-2004. Diagnoses include myofascial pain, cervicobrachial syndrome, shoulder pain and chronic pain syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. On 8-5-15, she complained of aching, burning, and numbness to neck and left shoulder. Pain was rated 8 out of 10 VAS on average and 5 out of 10 VAS with medication. Current medications listed included Vicodin, Skelaxin, and Vistaril. It was noted Skelaxin and Vistaril had not been used due to denial. The provider documented inability to perform exercise and approximately 15 days of work missed in the previous 2 months due to lack of medication. The physical examination documented hypertonicity and painful decreased cervical range of motion. The plan of care included initiation of a trial of Amrix 15mg, one tablet daily as needed for muscle spasms #10. On 9-3-15, she reported no change in the pain. Pain was rated 4 out of 10 VAS with medication and 8 out of 10 VAS without medication. Current medication listed included Amrix and Vicodin. The physical examination documented stable cervical range of motion and tenderness with palpation. The provider documented the trial of Amrix had not been initiated by the injured worker due to misunderstanding how to take it. On 9-24-15, she reported pain rated 6 out of 10 VAS and 3 out of 10 VAS with medications. Current medications listed included Vicodin and Amrix. Amrix was noted to be "significantly helpful for decrease in muscle spasm pain and allows for increase in activity tolerance." The appeal requested authorization for Amrix 15mg #10 with one refill. The Utilization Review dated 10-2-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #10 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

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, but rather for ongoing and chronic neck and shoulder 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 medically necessary.