

Case Number:	CM15-0201245		
Date Assigned:	10/20/2015	Date of Injury:	05/31/2006
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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: Preventive Medicine, Occupational Medicine

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 male who sustained an industrial injury on 05-31-2006. According to the most recent progress report submitted for review and dated 07-20-2015, chief complaints were noted as neck pain and bilateral shoulder pain. The injured worker reported chronic neck pain, left shoulder pain and frequent dislocation 3-4 times a week. Current pain was rated 4 on a scale of 1-10. Previous pain during the last visit was rated 7. He had a "very rough" period of time when treatment was denied which led to a hospital admission and an ICU stay due to pain and elevated blood pressure. Since that time, his medications were authorized and he was doing "much better" and was able to be more active around the house, do some chores and cooking as tolerated. He had been approved for cervical medial branch blocks. Medications remained well tolerated and "helpful" in managing pain. Previous treatments included supraclavicular nerve block. Current medications included Amrix, Celebrex, Lunesta, Cymbalta, Percocet and Lyrica. Examination demonstrated gait favor of the left lower extremity, very antalgic gait and difficulty walking the distance of the office. He walked with the left foot turned inward. Myofascial tenderness of the upper trapezius was noted. Cervical range of motion was limited due to fusion. Tenderness was noted over the lumbar spine and paraspinous muscles. Lumbar range of motion was limited in extension and rotation. Marked tenderness over the left sacroiliac joint was noted. Pressure caused spasm and the injured worker had to sit down. The right side was mildly tender. Current diagnosis included rule out left cervical facet mediated pain. Past and ongoing diagnoses included cervical fusion at C5-6 and left RTC repair. Prescriptions included Amrix, Celebrex, Cymbalta, Lyrica and Percocet. The injured worker was

temporarily totally disabled. Follow up was indicated in 30 days. Progress reports submitted for review dated back to 06-22-2015 and showed use of Amrix at that time. On 09-14-2015, Utilization Review non-certified Amrix 15 mg #30 and authorized the request for Duloxetine, Lyrica and Oxycodone-APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Amrix is extended release Cyclobenzaprine. Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a drowsiness and dizziness. The injured worker has been using this medication for some time which is not recommended by the guidelines. The injured worker has chronic pain with no evidence of an acute exacerbation of muscle spasm. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Amrix 15mg #30 is determined to not be medically necessary.