

<b>Case Number:</b>	CM15-0209715		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, New York, 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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 4, 2008. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for Amrix and a referral to a spine surgeon. The claims administrator did, however, approve Vicodin. The claims administrator referenced a September 24, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant reported ongoing issues with low back pain radiating into the left leg. The applicant had received 3 epidural steroid injections with only minimal benefit. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, the treating provider noted, in addition to Workers Compensation indemnity benefits. The applicant was placed off of work, on total temporary disability. Vicodin, Flexeril, and a spine surgery evaluation were sought. The attending provider suggested that the applicant was intent on pursuing a minimally invasive surgery for spinal stenosis offered by a particular surgeon. Vicodin and Flexeril were renewed while the applicant was placed off of work, on total temporary disability. The attending provider contended that both he and another provider had suggested that the applicant consult a spine surgeon. The attending provider contended that the applicant had a large herniated, extruded disk at L2-L3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15mg #21:** Upheld

**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:** No, the request for Amrix (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Amrix) to other agents is deemed "not recommended." Here, the applicant was, in fact, using at least one other agent, Vicodin, the treating provider reported on September 3, 2015. The use of cyclobenzaprine (Amrix) to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 21-tablet supply of Amrix at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine (Amrix) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Consult/treat w/spine surgeon:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Conversely, the request for a consultation and treatment (AKA referral) to a spine surgeon was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 305, referral for surgical consultation is indicated in applicants who have severe and disabling lower leg symptoms in distributions consistent with abnormalities on imaging studies, associated activity limitations owing to radicular pain complaints, and clear evidence of a lesion amenable to surgical correction in individuals who have failed to respond favorably to conservative treatment. Here, the attending provider contended on September 3, 2015 that the claimant had a large herniated disk at L2-L3 which was reportedly amenable to surgical correction. The attending provider noted that the applicant was off of work and had failed other conservative treatments to include time, medications, epidural steroid injection therapy, and the like. Moving forward with the surgical consultation or surgical referral in question was, thus, indicated. Therefore, the request was medically necessary.