

Case Number:	CM15-0212485		
Date Assigned:	11/02/2015	Date of Injury:	05/31/2006
Decision Date:	12/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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, 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 53 year old male with a date of injury on 05-31-2006. The injured worker is undergoing treatment for left cervical facet mediated pain, cervical fusion at C5-6, left rotator cuff repair with chronic dislocations, and hypertension. Physician progress notes dated 08-26-2015 and 09-18-2015 documents the injured worker has continued pain in his neck with headaches and left shoulder pain with frequent dislocation-3-4 times a week. His left shoulder pain has increased and he has difficulty using his bilateral forearm canes for ambulation. His medications are well tolerated and are helpful in managing his pain and he is more able to be active around the house. He has a very antalgic gait and uses bilateral forearm canes. There is cervical myofascial tenderness in the upper trapezius and range of motion is limited due to fusion. There is tenderness over the lumbar spine and over the paraspinal muscles. He has limited range of motion due to pain. There is tenderness over the left S1 joint and pressure causes spasm and he has to sit down. He is temporarily totally disabled. Treatment to date has included diagnostic studies, medications, status post cervical fusion at C5-6, cervical medial branch blocks on the left with 90% relief of his neck pain and improvement with range of motion, supraclavicular nerve block. Current medications include Celebrex, Cymbalta, Lyrica, Percocet and Amrix. The Request for Authorization dated 09-22-2015 includes Celebrex, Cymbalta, Lyrica, Percocet and Amrix, and an ortho referral for his left shoulder. On 09-28-2015 Utilization Review non-certified the request for Amrix 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg #30: 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 claimant is a 53 year-old man with date of injury of 5/31/2006 and chronic neck and shoulder pain. The request is for Amrix (cyclobenzaprine), a muscle relaxant. AC MTUS Guidelines state that muscle relaxants are recommended for short-term use; no greater than 2-3 weeks. The maximum effect of muscle relaxants are reached in the first 3-4 days of use. They are not intended for long-term use. In this case, the claimant is being prescribed Amrix on a long-term basis. The medical records also fail to indicate subjective complaints or physical findings of muscle spasm. Therefore, based on the above findings, the request is not medically necessary or appropriate.