

Case Number:	CM15-0213648		
Date Assigned:	11/03/2015	Date of Injury:	10/18/2004
Decision Date:	12/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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, Illinois

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:

This is a 62 year old female with a date of injury on 10-18-04. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain. Treatments include: medication, topical pain medication, physical therapy and trigger point injections. Physical therapy progress report dated 5-8-15 reports the injured worker is able to "sustain good posture, function keyboard". Objective findings: cervical range of motion is decreased at 40 percent of normal with increased palpable tenderness, reduced accessory movements and pain rating 6.5 out of 10. Request for authorization was made for Amrix 15 mg quantity 30 (per 9-18-15 order). Utilization review dated 10-2-15 non-certified the request.

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: 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: The injured worker sustained a work related injury on 10-18-04. The medical records provided indicate the diagnosis of neck pain, displacement of intervertebral disc, site unspecified, without myelopathy, brachia neuritis or radiculitis NOS. Treatments include: medication, topical pain medication, physical therapy, trigger point injections. The medical records provided for review do not indicate a medical necessity for Amrix 15 mg #30. Amrix (Cyclobenzaprine), a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records do not indicate the injured worker is being treated for acute exacerbation of chronic low back pain. The request for Amrix 15 mg #30 is not medically necessary.