

<b>Case Number:</b>	CM15-0214418		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	05/07/2003
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Georgia

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:

This 61 year old woman sustained an industrial injury on 5-7-2003. Diagnoses include low back pain, lumbar radiculopathy, lumbar degenerative disc disease, post-laminectomy syndrome, myofascial pain, L5 compression fracture, right shoulder pain, and depression. Treatment has included oral medications and use of a walker. Physician notes dated 9-21-2015 show complaints of low back pain with increased muscle spasms. The worker rates her pain 9 out of 10 without medications and 4 out of 10 with medications. The physical examination shows no acute distress, thoracolumbar range of motion is noted to have flexion 30 out of 80 degrees, extension 10 out of 30 degrees, lateral flexion 20 out of 35 degrees, and rotation 20 out of 35 degrees. Straight leg raise is positive on the left at 40 degrees. Bilateral hip, knee, and ankle range of motion is full. Tenderness is noted on palpation of the lumbar paraspinal muscles, shoulders with taut bands and trigger points, and minimally at the left hip. Recommendations include Amrix, Norco, trigger point injections, psychiatric medication to be prescribed by the psychiatrist, and follow up after authorization is received for trigger point injections. Utilization Review denied a request for Amrix on 9-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation, 2015 web-based edition.

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

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Amrix. This is not medically necessary and the original UR decision is upheld.