

<b>Case Number:</b>	CM15-0031299		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/24/2001
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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:

This 52 year old female sustained an industrial injury on 4/24/01. She subsequently reports ongoing back, right elbow and left knee pain. The injured worker has undergone surgeries to her left knee and also had a spinal cord stimulator implanted. Treatments to date have included physical therapy and prescription pain medications. A 50% improvement in pain and significant increase in functional capacity from medications is documented on 2/6/15, Utilization Review partially-certified a request for one prescription for Endocet 10/325 mg # 180. The Endocet was modified to #135 based on MTUS Chronic Pain guidelines. On 2/6/15, Utilization Review non-certified the request for one prescription for Amrix ER 15 mg # 30. The Amrix ER was denied based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Endocet 10/325 mg # 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Endocet.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the judicious careful use of opioids when there is reasonable evidence of meaningful pain relief, functional improvements and no aberrant drug related behaviors. The standards have been met in this individual. It is clearly documented that she receives substantial pain relief and tolerances for ADL's substantially increase. Under these circumstances, the Endocet 10/325mg. #180 is consistent with Guidelines and is medically necessary.

**One prescription for Amrix ER 15 mg # 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 (Chronic); Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines do not support the long term use of Amrix (Cyclobenzaprine) beyond a 3 week period for acute flare-ups. Even though this drug has some tricyclic effects, the Guidelines are clear that long term daily use is not supported. There are no unusual circumstances to justify an exception to Guidelines. The Amrix ER 15mg. #30 is not supported by Guidelines and is not medically necessary.