

Case Number:	CM15-0040710		
Date Assigned:	03/10/2015	Date of Injury:	06/01/1994
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 53-year-old female patient, who sustained an industrial injury on 06/01/1994. A supplemental report dated 12/11/2014, reported physical examination found the patient tearful, anxious and tremulous. She is in obvious discomfort. Her gait is guarded and antalgic. She has referred pain with minimal straight leg raise, right greater than left. Lumbar spine range of motion is limited with pain and restriction. Cervical spine showed moderate left paracervical tenderness, positive axial head compression on left. There is increased tenderness over the right AC joint deformity. She has persistent left wrist Tinel's and hypoesthesia in the left median nerve distribution with residual triggering of the third and fourth digits of the left hand. The patient has undergone electrodiagnostic studies of upper extremities, cervical and lumbar spine magnetic resonance imaging. The diagnostic impression noted fibromyalgia, narcotic dependency, major depressive disorder, bilateral shoulder internal derangement, status post right rotator cuff repair, right AC joint deformity, lumbar spondylosis status post lumbar laminectomy, status post right tibial plateau fracture with surgical intervention, cervical spondylosis, morbid obesity, status post gastric bypass, recurrent left carpal tunnel syndrome and left trigger finger. The plan of care involved recommending orthopedic consultation for right upper extremity, completing dental work, and medical management. The following medications are prescribed: Oxycontin 10mg, Amrix, Fibercon, Sentra AM/PM and Theratramadol. The patient is 100% disabled. A lumbar cervical trigger point injection administered at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS RFA CPM client medication: Amrix 15mg day supply: 30 quantity:30 refills:01 Rx date:01/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril ½) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Amrix (Cyclobenzaprine), "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks." Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being taken, along with cyclobenzaprine, which ODG recommends against. The patient is well beyond the initial injury period. As such, the request for POS RFA CPM client medication: Amrix 15mg day supply: 30, quantity:30, refills:01 Rx date:01/20/2015 is not medically necessary.