

Case Number:	CM15-0051074		
Date Assigned:	03/24/2015	Date of Injury:	04/04/2011
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey

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 67 year old female, who sustained an industrial injury on April 4, 2001. The injured worker reported back and shoulder pain. The injured worker was diagnosed as having lumbar degenerative disc disease (DDD), chronic discogenic pain and bilateral rotator cuff arthroplasty. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), surgery and medication A progress note dated February 2, 2015 provides the injured worker complains of neck pain, shoulder pain, arm pain and back pain radiating down her legs. She rates the neck pain as 5/10, shoulder as 5/10, arm as 5/10 and back as 6/10. Physical exam notes spinal tenderness and decreased range of motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg, 1 by mouth BID, #60, Refills: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to suggest this case is an exception to this general recommendation to not prescribe muscle relaxants for chronic use, such as is being done in this case. Also there was no evidence to suggest the worker was experiencing a recent acute flare of muscle spasm to warrant a short course of muscle relaxants. Therefore, the request for ongoing chronic use of Amrix is not medically necessary.