

Case Number:	CM15-0089358		
Date Assigned:	05/13/2015	Date of Injury:	05/13/2002
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 55 year old male with an industrial injury dated 09/06/2007. His diagnoses included post laminectomy syndrome lumbar region, reflex sympathetic dystrophy lower limb, pain in joint pelvic region and thigh, pain in joint, lower leg; and pain in joint, ankle and foot. Prior treatments included medications, physical therapy, spinal cord stimulator and surgery. He presents on 03/05/2015 with complaints of left leg and low back pain. He notes the decrease in medication is not maintaining his pain now. He states he gets 3-4 hours of sleep nightly. He had discontinued the Celebrex and Morphine. He rates his average pain since last visit as 7-8/10. Functional level since last visit is rated as 6-7/10. Physical exam is documented as the injured worker showing no signs of sedation or withdrawal and appropriate otherwise. Treatment plan included to restart Celebrex and increase Norco. Other treatment included medications, continue physical therapy/aqua therapy and home exercise/physical therapy on a regular basis. Urine drug test done on 02/03/2015 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril
Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril (amrix) for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. The request is not medically necessary.