

Case Number:	CM15-0099184		
Date Assigned:	06/04/2015	Date of Injury:	05/02/2001
Decision Date:	07/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/22/2015

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, North Carolina
 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 was a 64-year-old female, who sustained an industrial injury, February 20, 2015. The injured worker previously received the following treatments Gabapentin, Oxycodone, Zanaflex, Lidocaine cream, physical therapy, steroid injections, physical therapy, alternating ice and heat. The injured worker was diagnosed with brachial neuritis or radiculitis, displacement of cervical intervertebral disc without myelopathy, headache, pain in joint involving the pelvic region and thigh, arthrodesis status, opioid type dependence with continuous use and long term use of other medications. According to progress note of April 7, 2015, the injured workers chief complaint was upper back and trapezius area, interscapular region bilaterally and the left hip. The injured worker reported symptoms of pain of the posterior neck, upper back, interscapular region, posterior shoulder and the trapezius area bilaterally. The injured worker's pain was morning stiffness, pain on motion, polyarthralgia, and limited range of motion of the posterior neck, headaches, tenderness and muscle cramps. The injured worker described the pain as aching, constant, cramping, stabbing, tightness and persistent. The severity of the injured worker's symptoms interfered with the injured worker's activities of daily living, sleeping, work, household activities, normal lifestyle and routine daily activities. The treatment plan included a prescription for Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix cap 15mg day supply: 30 quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to less than 4 weeks. Tolerance to muscle relaxants develops rapidly. Amrix is an extended-release form of cyclobenzaprine (Flexeril). In this case, the patient has been on Amrix greater than 4 months. There is no documentation of benefit or decreased muscle spasm due to the use of Amrix. The morning stiffness experienced by the patient is more likely secondary to osteoarthritis vs. muscle spasm. In this case, the request for Amrix is not medically necessary or appropriate.