

Case Number:	CM14-0119956		
Date Assigned:	09/16/2014	Date of Injury:	04/20/2001
Decision Date:	11/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 68-year-old female with a 4/20/01 date of injury. At the time (7/7/14) of the Decision for authorization for Amrix 15 mg #60 and Nexium 40 mg #30, there is documentation of subjective (low back pain) and objective (decreased lumbar spine range of motion, slow non- antalgic gait, positive facet stress test, positive straight leg test, and decreased sensation over the left L5 and S1 dermatomes) findings, current diagnoses (Lumbago, lumbar degenerative disc disease, bulging lumbar disk, postlaminectomy syndrome, and sciatica), and treatment to date (medications (including Amrix, since at least 1/21/14, norco, ambien, and nexium)). Medical report identifies that the medication regimen has stabilized patient's pain, that it does not eliminate pain but allows the patient to function better overall. In addition, medical reports identified upper gastrointestinal peptic gastritis and dyspepsia as a result of multiple oral medications, most likely due to Norco. Regarding Amrix 15 mg #60, there is no documentation of acute muscle spasm, acute low back pain, or acute exacerbations in patients with chronic low back pain; and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of Lumbago, lumbar degenerative disc disease, bulging lumbar disk, postlaminectomy syndrome, and sciatica. In addition, there is documentation of ongoing treatment with Amrix. Furthermore, given documentation that the medication regimen allows the patient to function better overall, there is documentation of functional benefit and an increase in activity tolerance as a result of Amrix use to date. However, there is no documentation of acute muscle spasm, acute low back pain, or acute exacerbations in patients with chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 1/21/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Amrix 15 mg #60 is not medically necessary.