

<b>Case Number:</b>	CM14-0123349		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Internal Medicine, 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:

The injured worker is a 36 year old male whose date of industrial injury was noted to be 4/28/2004. He was seen on 6/16/2014. He had cervical and low back discomfort. Some numbness and tingling occurred in the upper extremities as well. BP, gait, motor and reflex examination were normal. Mild cervical spasm and thoracic vertebral muscle spasm was noted. The patient was on opiates and Amrix. There was a request for renal function, liver function and continuation of home exercise program as well as opiates which were bringing relief and improving function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Amrix 15 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Browning, 2001; See, 2008; Chou, 2007

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-SPASMODICS Page(s): 66.

**Decision rationale:** Cyclobenzaprine is only recommended in the short run for musculoskeletal conditions. There is mixed and conflicting evidence in chronic use, for which reason, the

applicable guidelines do not recommend the use of this medication chronically. Additionally, cyclobenzaprine has mild to moderate efficacy even when it is effective and certainly not more than opiates or anti-inflammatory agents. Therefore, it would not be considered first line therapy. The recommended first line therapy would be anti-depressant and tricyclics for chronic pain and anti-inflammatory agents including acetaminophen for management of musculoskeletal component of pain. For all these listed reasons, the request is considered not medically necessary.

**1 RFT (renal function testing) labs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative\\_screening.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm), primary care screening guidelines.

**Decision rationale:** The patient is a 38 year old male and screening of renal or liver function in the absence of specific clinical signs and symptoms suggesting dysfunction of these organs is not recommended by any primary care guideline. Therefore, the request is medically necessary.

**1 LFT (liver function testing) labs:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative\\_screening.htm](http://www.cdc.gov/nccdphp/dnpao/hwi/resources/preventative_screening.htm), primary care screening guidelines.

**Decision rationale:** The patient is a 38 year old male and screening of renal or liver function in the absence of specific clinical signs and symptoms suggesting dysfunction of these organs is not recommended by any primary care guideline. Therefore, the request is not medically necessary.