

Case Number:	CM14-0133676		
Date Assigned:	08/22/2014	Date of Injury:	08/31/1998
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old female who reported an injury 08/31/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 07/30/2014, indicated diagnoses of cervical radiculopathy, status post cervical spinal fusion, lumbar radiculopathy, fibromyalgia, headaches unclassified, depression, hypertension, insomnia, chronic pain, anxiety, history of elevated ANA labs, and history of urinary incontinence, and jaw pain. The injured worker reported neck pain that radiated down bilateral extremities, low back that radiated the bilateral lower extremities that was aggravated by activity and walking, abdominal pain, ongoing headaches, and incontinence. The injured worker reported the pain was rated 7/10 in intensity with medication and rated 8/9 in intensity without medications. The injured worker reported pain was improved since her last visit. The injured worker reported activity of daily living limitations in the following areas: self-care, hygiene, activity ambulation, hand function, sleep, and sex. The injured worker reported the use of current opioid pain medication, physical therapy, and name brand medication continued to demonstrate superior effects was helpful. The time until pain relief was 45 minutes, and the pain relief from each medication dose lasted temporarily. The area of functional improvement as a result of the above therapy included bathing, concentration, dressing, driving, less medication needed, and mood. The injured worker reported her quality of life had improved as a result of the above treatment. The injured worker wished to continue the therapy based on her decreased pain, her increased level of function, and her improved quality of life. The injured worker reported her medications were also once again denied. Of the cervical spine, the injured worker has spasms noted bilaterally in the paraspinal musculature and spinal vertebral tenderness was noted in the cervical spine C4-7 with tenderness noted upon palpation at the trapezius muscles bilaterally, paravertebral C4-7 area bilaterally

occipital regions. Range of motion of the cervical spine was moderately limited due to pain. The lumbar examination revealed spasms noted L4-5 with tenderness noted upon palpation in the paravertebral area L3-S1 levels and in the bilateral buttocks. The range of motion of the lumbar spine was moderately to severely limited. The injured worker's treatment plan included a home exercise program, return to clinic in 1 month and renew current medications of Lidoderm, MS Contin, Neurontin, Amrix, Xanax, Lexapro, Percocet, and Keflex. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Amrix, Lexapro, Xanax, Lidoderm patch, MS Contin, and Percocet. The provider submitted a request for Amrix. A Request for Authorization was not provided for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Amrix ER #30 is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The injured worker reported efficacy and functional improvement with the use of Amrix. However, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore per the guidelines, the request for Amrix is not medically necessary.