

Case Number:	CM14-0139306		
Date Assigned:	09/05/2014	Date of Injury:	12/01/1998
Decision Date:	11/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 49 year old male who was injured on 12/01/1998 when he fell on concrete sustaining an injury to the left side of his body. Physical medicine consult dated 07/09/2014 states the patient presented with complaints of pain in the low back more towards the left side than the right side. The pain radiates down both bilateral lower extremities posterolaterally down to the heel and worse on the left side. He also reported radiating pain from his neck to the bilateral upper extremities. He rated his pain with medications a 5/10 and without medications a 10/10. On exam, the lumbar spine range of motion is diminished. He has tenderness on the left side. Straight leg raise is positive on the left at 40 degrees but no complaints of spasm. He is diagnosed with chronic left S1 radicular pain greater than the right side, due to disk herniation bilaterally at L5-S1 and chronic low back pain syndrome. He was prescribed Amrix 15 mg. Decision dated 08/08/2014 states the request for Amrix 15mg #30 with 3 refills is denied as this medication is recommended for short term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The above MTUS guidelines for Amrix (Cyclobenzaprine) states "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use... This medication is not recommended to be used for longer than 2-3 weeks." In this case, the patient has been on amrix for longer than the recommended 3 week duration. Note from 4/23/14 states "He will continue Amrix 25mg..." and he is also on Amrix as per note on 7/9/14. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.