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| Case Number: | CM14-0145251 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 08/27/2000 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Family 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 patient is a 59-year-old male who has submitted a claim for lumbago associated with an industrial injury date of August 27, 2000. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. Examination of the lumbar spine revealed flexion of 100 degrees, extension of 20 degrees with pain, lower extremity strength of 5/5, reflexes of , intact sensation to light touch, and moderate tenderness at the right low back/gluteal region. Treatment to date has Amrix 30mg qHS for spasms since at least June 26, 2014. Utilization review from September 3, 2014 denied the request for Amrix 30mg #30 1qhs because the guidelines do not recommend its long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 30mg #30 1qhs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): Page 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-66.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution

as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine (Amrix) is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the patient had been using Amrix since at least June 26, 2014, a period that exceeds 3 weeks. There was no provided rationale or justification why a deviation from the guidelines should be made. Therefore, the request for Amrix 30mg #30 1qhs is not medically necessary.