

Case Number:	CM14-0161436		
Date Assigned:	10/06/2014	Date of Injury:	12/26/2013
Decision Date:	11/04/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Interventional Spine 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 53 year old male with an injury date of 11/08/04. Based on the 08/21/14 progress report, the patient complains of severe neck and shoulder pain which radiates down his left arm. In regards to the cervical spine, there is tenderness, paravertebral spasms, and a decreased range of motion. The left shoulder also has tenderness in the superolateral aspect. The 06/14/12 MRI of the cervical spine reveals degenerative disc changes at C3-4 and C4-5 levels with mild changes at C6-7. The patient's diagnoses include the following: 1. Herniated disc of cervical, status post (s/p) cervical discectomy 2. Cervical radiculopathy 3. Impingement syndrome The utilization review determination being challenged is dated 09/05/14. Two treatment reports were provided from 08/21/14 and 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Euflexxa injections to the right knee #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Hyaluronic Acid injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,64.

Decision rationale: According to the 08/21/14 report, the patient presents with severe neck and shoulder pain which radiates down his left arm. The request is for Amrix 15 mg, QTY: 60. The report with the request was not provided. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow recommendation for chronic use. There is no indication of how many tablets the patient will be taking a day or how long the patient has been taking Amrix. It is unknown if the patient has been taking Amrix on a long term basis. Therefore, the request is not medically necessary.