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| Case Number: | CM14-0165683 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 05/06/2002 |
| Decision Date: | 11/14/2014 | UR Denial Date: | 09/20/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 Occupational 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 71-year-old female who was injured on 05/06/2002. The mechanism of injury is unknown. Prior medication history included Oxycontin 18 mg, Norco 10/325 mg, Zanaflex, Dilaudid and Amrix capsules 15 mg. Prior treatment history has included 12 sessions of physical therapy and home exercise program. Progress report dated 09/03/2014 documented the patient to have complaints of severe back pain radiating down her right buttock and leg. She rated her pain as 4/10 with medication and 10/10 without medications. She was noted to be taking Oxycontin, Norco, Amrix at night to control her back spasms and leg cramps at this time. On exam, she has limited range of motion with forward flexion at 30 degrees; extension at 10 degrees. Straight leg raise is at 80 degrees bilaterally. She reported some sensory loss. She does have an antalgic posture with palpable rigidity in the lumbar trunk suggesting muscle spasm. She is diagnosed with low back pain, history of spinal fusion from L3-S1 with an Expedium T1 system with poster lateral arthrodesis with fusion from L3-S1; postoperative complications of a pulmonary embolism; history of anxiety and depression and history of neck pain. Her medications were refilled including Amrix capsules 15 mg #60 for back spasm. The patient reported 50% reduction in pain, which allow her to tolerate her activities of daily living with the medications versus not taking them at all. Prior utilization review dated 09/20/2014 states the request for Amrix 15MG #60 is modified to certify Amrix 15 mg #30 between 09/03/2014 and 11/10/2014 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 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

Decision rationale: According to MTUS guidelines, muscle relaxants are recommended second-line for short-term treatment of acute exacerbations of chronic low back pain. Cyclobenzaprine (Amrix) is not recommended for longer than 2 to 3 weeks of use. However, in this case, the patient is prescribed cyclobenzaprine on a long-term basis without clinically significant functional improvement or reduction in dependency on medical care. History and examination findings do not support an exception to guideline recommendations. Medical necessity is not established.