

Case Number:	CM14-0165731		
Date Assigned:	10/10/2014	Date of Injury:	02/17/2007
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
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 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 38 year old male who was injured on 2/17/2007 when he lifted a mixing bowl and felt pain in the back area. He has been treated conservatively with physical therapy, TENS unit and Biofeedback. His medication history included Butrans patch, Norco, Elavil, Tizanidine, Latura, Lorazepam, Cyclobenzaprine, Effexor, Tramadol, and Oxycodone. The patient underwent a lumbar fusion in 2011. Diagnostic studies were reviewed. Progress report dated 9/19/2014 indicates the patient presented with complaints of leg pain associated with tingling and back pain. The patient reports that he has burning, sharp, and shooting pain radiated from back to the left leg, lateral calf and bottom of foot. He rated his pain 8/10 on visual analog scale. He reports that his pain is better when he is doing any activity and worsens when he sits or stands for long a time. His pain is affecting his daily activities of life. On examination, there is paraspinal tenderness present bilaterally and facet loading test is positive bilaterally. The patient was diagnosed with disc bulge in the L5-S1 region, S1 radiculopathy, Facet arthropathy, back pain and he was recommended Amrix. Prior utilization review dated September 29, 2014 indicated the request for Amrix 15mg #30 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: The above MTUS guidelines for cyclobenzaprine states "Recommended for a short course of therapy... This medication is not recommended to be used for longer than 2-3 weeks." In this case, the patient has been prescribed the requested medication for longer than the recommended duration as per guidelines above. Note from 8/4/14 as well as 9/19/14 show that the patient is on Amrix. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.