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| Case Number: | CM14-0175919 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 01/06/1988 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/23/2014 |

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 64 year old female with date of injury 1/6/1988. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain since the date of injury. She has been treated with a lumbar laminectomy (specifics not given), physical therapy and medications. There are no radiographic data included for review. Objective includes myofascial trigger points at the bilateral medial gluteus and piriformis muscle groups, decreased and painful range of motion of the lumbar spine. Diagnoses include post laminectomy pain syndrome, lumbar disc disease, lumbago. Treatment plan and request include Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg 1 QD quantity : 30 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 64 year old female has complained of lower back pain since date of injury 1/6/1988. She has been treated with a lumbar laminectomy (specifics not given), physical therapy and medications. The current request is for Amrix, #30, 3 refills. Per MTUS guidelines

cited above, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.