

Case Number:	CM14-0176423		
Date Assigned:	10/29/2014	Date of Injury:	05/29/2003
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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:

Injured worker is a male with date of injury 5/29/2003. Per primary treating physician's progress report dated 10/10/2014, the injured worker reports chronic significant pain in his thoracic and lumbar spine with radicular symptoms into his left lower extremity. He also has significant weakness of his left lower extremity. He has physical therapy that was recently authorized and is asking for additional acupuncture. His pain level is 10/10 without any medications and pain level goes down to 6/10 when all the medications are working well. On examination the injured worker ambulates with a cane. Without the cane, his left leg gives out on him. He has significant tenderness to palpation of the paraspinal muscles greater on the left at the L5 level. He has decreased range of motion. He is able to flex about 60 degrees, extension to 20 degrees, lateral flexion to the right about 10 degrees which causes shooting pain into his left lower extremity down the back of his leg. He is able to lateral bend to the left about 15 degrees. Straight leg raise was positive for increased low back pain on the left only. Deep tendon reflexes are 1+ bilaterally on lower extremities. Sensation was decreased on the left lower extremity compared to the right as well as numbness on the dorsal aspect of the right foot. He has severe tenderness to palpation of the paraspinal muscles on the left side at T4 to T6 with jump response. Diagnoses include 1) lumbar spine pain 2) status post lumbar fusion surgery 2/5/2014 3) status post laminectomy L4-L5 in 2011 4) status post L5-L6 laminectomy and fusion 2/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg caps #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The injured worker has been prescribed cyclobenzaprine chronically. There is no indication that this medication has provided objective functional improvement. Chronic use of cyclobenzaprine is not recommended by the MTUS Guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for 15 Capsules of Amrix 15mg is determined to not be medically necessary.