

Case Number:	CM14-0180299		
Date Assigned:	11/04/2014	Date of Injury:	07/16/2003
Decision Date:	12/17/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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:

Patient is a 39 year-old male with date of injury 07/16/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2014, lists subjective complaints as pain in the lower back with radicular symptoms down both legs. Objective findings: Examination of the lumbar spine revealed limited range of motion with forward flexion at 30 degrees and extension at 10 degrees. Right and left straight leg raise were 80 degrees and caused back pain. Sensory loss at the right lateral calf and bottom of the foot. Deep tendon reflexes were +1 at the knees and ankles. Toes were down going to plantar reflex bilaterally. Diagnosis: 1. Low back pain 2. Intermittent back spasms 3. Insomnia due to pain 4. Component of neuropathic burning pain, right leg. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications: 1. Amrix 15mg, #30 SIG: h.s.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 4 months, long past the 2-3 weeks recommended by the MTUS. Amrix 15 mg #30 is not medically necessary.