

Case Number:	CM14-0185039		
Date Assigned:	11/12/2014	Date of Injury:	01/10/2005
Decision Date:	12/19/2014	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/05/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 1/10/05. A utilization review determination dated 11/5/14 recommends non-certification of Amrix. It noted use of the medication since 8/29/14. 10/9/14 medical report identifies no significant change in low back and lower extremity pain. With opioids, pain is 6/10 and she is able to walk, care for herself, perform light housekeeping, and cook. Medication also helps to decrease her spasm. On exam, there is tenderness, decreased range of motion (ROM), positive straight leg raising (SLR) bilaterally, and ambulation is with a cane. Recommendations include a trial of intrathecal opioids, Ultram ER, Amrix, Toradol IM, and follow-up in one month

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Amrix 15mg #30 (Cyclobenzaprine ER): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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

Decision rationale: Regarding the request for Amrix, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line

option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, pain relief and functional improvement from opioids are noted, but there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Amrix is not medically necessary.