

Case Number:	CM14-0049350		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2004
Decision Date:	09/10/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy, and a TENS unit. In a Utilization Review Report dated March 18, 2014, the claims administrator approved a request for Norco while denying a request for Amrix. In a progress note dated January 7, 2014, the applicant was described as using Vicodin, Norflex, and Mobic. The applicant was described as off of work and receiving Social Security Disability Insurance (SSDI) benefits. 8/10 pain was reported. On March 4, 2014, the applicant was given a prescription for Norco, Mobic, and Amrix. The applicant was also occasionally described as using Zanaflex

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.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine (Amrix) to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco, Zanaflex, Mobic, etc. Adding Amrix (cyclobenzaprine) to the mix is not recommended. Therefore, the request is not medically necessary.