

Case Number:	CM14-0214881		
Date Assigned:	01/07/2015	Date of Injury:	12/05/2008
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 48 year old male patient who sustained a work related injury on 12/5/2008. Patient sustained the injury when he fell from a ladder. The current diagnoses include lumbar radiculopathy, chronic pain syndrome, and anxiety disorder. Per the doctor's note dated 10/1/14, patient has complaints of lower back pain that radiates to his lower extremities, pain in his right buttock that radiates down his right lower extremity, numbness and tingling and a burning sensation. Physical examination cervical Spine revealed paravertebral muscles were tender to palpation, muscle spasm, range of motion was restricted, positive Spurling's test on the left. Physical examination of the lumbar Spine revealed paravertebral muscles were tender to palpation, muscle spasm, range of motion was restricted, sensation reduced in bilateral L5 dermatomal distribution, straight-leg-raising test was positive bilaterally and Achilles tendon reflex was absent bilaterally. The current medication lists include norco, Ketoprofen, Omeprazole, Amrix, Oxycodone and Tramadol. The patient has had an MRI of the lumbar spine on March 13, 2013 that revealed L4-5 disc space, slightly narrowed, a previous left foraminal extrusion has desiccated, a 2mm left lateral bulging annulus and annular fissure or tear persisting with minimal left subarticular and proximal foraminal stenosis; An EMG was on April 2, 2013 that was essentially normal. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitrix ER 15 mg # 30, take 1 by mouth daily with two refills: 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 (Flexeril) Page(s): 41-42.

Decision rationale: Amrix is a long acting Cyclobenzaprine, which is a muscle relaxant. Regarding the use of skeletal muscle relaxant, California MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of treatment for back pain. The patient had sustained a chronic injury and any evidence of acute exacerbations in pain was not specified in the records provided. The rationale for using the long acting version of Cyclobenzaprine is not specified in the records. Furthermore, as per cited guidelines, skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Therefore, it is deemed that this patient does not meet criteria for the ongoing continued, daily, long term use of Amrix ER 15 mg # 30, take 1 by mouth daily with two refills. The medical necessity of the request for Amrix ER 15 mg # 30, take 1 by mouth daily with two refills is not fully established in this patient. Therefore, this request is not medically necessary.