MAXIMUS Federal Services

Case Number:	CM15-0129268		
Date Assigned:	08/11/2015	Date of Injury:	10/23/1997
Decision Date:	09/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 63 year old female, who sustained an industrial injury on October 23, 1997. She reported a lower back injury due to repetitive strain. The injured worker was diagnosed as having lumbar radiculopathy, spinal-lumbar degenerative disc disease, and low back pain. Diagnostic studies to date have included MRIs, x-rays, and electrodiagnostic studies, but dates and results were not included in the provided medical records. Surgeries to date have included bilateral total knee arthroscopic surgery in 2008 and right total hip arthroscopic surgery in 2012. Treatment to date has included 20 sessions of physical therapy with mild pain relief, massage therapy with moderate pain relief, a transcutaneous electrical nerve stimulation (TENS) unit with excellent relief, lumbar epidural steroid injection, a home exercise program, a transfer bench, an over the toilet bedside convertible toilet, lift chair, a single-point cane, handle bars and grab bars at the bathtub, grab bars on her bed, and medications including antidepressants, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: 1979. Comorbid diagnoses included history of pseudo-idiopathic thrombocytopenic purpura, osteoarthritis, fibromyalgia, and obesity. On June 12, 2015, the injured worker reported ongoing, constant lower back, right leg, and right foot pain. Her lower back pain radiated down her right leg. Associated symptoms include numbness, tingling, and weakness in the right leg. Her pain is rated 6-8 out of 10, at best = 4 out of 10, at worst = 10 out of 10, and average in the past 7 days = 6-8 out of 10. Her pain is described as sharp, throbbing, aching, shooting, and burning with muscle pain, and pins and needle sensation. Her pain is relieved with rest, lying down, medication, heat, ice, and TENS unit. She uses a cane

or rolling-walker. The physical exam revealed a right antalgic steppage and circumduction gait with use of a 4-wheeled rollator walker with inability to perform heel-walking, toe-walking, tandem gait, and single leg stance. There was tenderness to palpation over the lumbar paraspinal muscles, markedly decreased lumbar range of motion, pain with active range of motion and worse on flexion, negative straight leg raise and Patrick (Faber) tests, absent deep tendon reflexes of the bilateral knees and ankles, and decreased motor strength of the right hip flexor, right knee extensor, right ankle dorsiflexor, and left ankle plantar flexion. There was grossly intact sensation of the bilateral lower extremities, except for slight decreased sensation in the right lateral calf. Her work status is permanent and stationary. She is retired. The treatment plan includes Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15 MG #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain as a second-line option. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril, Amrix) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. The medical records show that the injured worker has been taking cyclobenzaprine since at least December 2014, which exceeds the short-term treatment recommended by the guidelines. There was lack of documentation of a recent acute exacerbation of the injured worker's chronic lower back pain. There was lack of objective evidence of acute muscle spasms on the physical exam. In addition, the #30 tablets with 1 refill of Amrix prescribed imply long term use, not a short period of use. Therefore, the Amrix is not medically necessary.