

Case Number:	CM15-0170793		
Date Assigned:	09/11/2015	Date of Injury:	10/07/2004
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/31/2015

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: California, South Carolina

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

The injured worker is a 56 year old male who sustained an industrial injury on 10-7-04. The assessment is severe discogenic lumbalgia with 5 mm disc protrusion versus herniation at L4-L5 and L5-S1 with foraminal narrowing and borderline stenotic foramina at L5-S1 due to articular processes protruding upon the nerve roots, acute exacerbation of chronic low back pain, most likely with worsening disc annular tears, and acute gastroenteritis. Previous treatments include MRI, medications, a functional restoration program evaluation, and physical therapy. In a progress report dated 8-6-15, the primary treating physician notes subjective complaint of back pain with a severity of condition as an 8 out of 10. Pain is described as aching, burning, sharp, stabbing, throbbing, stiff and spasming in the lumbar area, lower back, right leg, left leg, mid back, and the back of both legs. Back and hip extension and flexion and hip rotation worsen the pain. Numbness, weakness and radicular pain is in the right and left leg. The objective exam reveals he has difficulty walking, sitting and standing. Straight leg raise is positive left and right at 10 degrees. Lumbar range of motion is decreased on flexion and extension with pain. There is pain with Valsalva and pain to palpation over the L3-L4, L4-L5, and L5-S1 facet capsules bilaterally and pain with rotational extension indicative of capsular tears. It is noted that taking Lyrica resulted in nightmares. Current medications are Aspirin 81mg, Cialis, Fortesta, Inderal, Neurontin, Norco, omeprazole, terazosin, tizanidine, and Topamax. It is noted he has continued to work due to the benefit of the medications despite his nociceptive, neuropathic, and inflammatory pain. Medications have assisted him with functioning well enough to participate in routine activities of daily living. He is on the lowest effective dose with about 60% improvement in pain. He is permanent and stationary. A urine drug screen on 2-19-15 was within normal limits. The requested treatment of Amrix 15mg #30 was denied on 8-13-15 by Utilization Review.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the cited CA MTUS guideline, Cyclobenzaprine (Amrix) is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes from 8-6-15 and state the injured worker has been stable with about a 60% improvement in pain with medications and has continued to work. From the provider notes, the injured worker appears to be on tizanidine, and it is not clear why the request was made for another muscle relaxant. In addition, although it was stated that he has some increased low back pain and radicular symptoms, the timeline is not clear. Therefore, based on the cited guidelines and medical records available, the request for Amrix 15mg #30 is not medically necessary and appropriate.