

Case Number:	CM15-0171602		
Date Assigned:	09/11/2015	Date of Injury:	04/29/2015
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial-work injury on 4-29-15. He reported initial complaints of head, neck, and back injury while operating machinery. The injured worker was diagnosed as having complex scalp laceration, chronic brain injury, cervical vertebral fracture, post-traumatic pain syndrome, blurred vision, decreased hearing in the right ear, and cervical and lumbar displacement. Treatment to date has included medication, immobilization with cervical collar, surgery (stitches to scalp), EMG (electromyography), and acupuncture. X-rays were reported to demonstrate a vertebral fracture. Currently, the injured worker complains of constant neck and head pain associated with headaches. Per the initial pain management evaluation on 8-10-15 exam noted reduced range of motion to the cervical spine with normal reflexes and strength, and no neurological deficits. Current plan of care includes EMG (electromyography), acupuncture, MRI (magnetic resonance imaging), and medication. The Request for Authorization date was 8-10-15 and requested service included Amrix 15mg 1 tablet at night. The Utilization Review on 8-26-15 denied the request due to time frame of initial injury (4 months) and efficacy with use as well as indication for use, per CA MTUS (California Medical Treatment Utilization Schedule) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg 1 tablet at night: 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: The patient presents with pain affecting the head, neck, and low back with radiation to the right hip. The current request is for Amrix 15mg 1 tablet at night. The treating physician report dated 8/27/15 (102D) states, there has been denial of using medication Amrix, so the patient will discontinue. MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the current request does not specify a quantity of Amrix to be prescribed to the patient and the MTUS guidelines do not support an open ended request as the medication is only supported for short term usage. The current request is not medically necessary.