

<b>Case Number:</b>	CM15-0173249		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	04/28/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 25 year old male, who sustained an industrial injury on April 28, 2015, incurring upper and lower back injuries. On July 1, 2015, a Magnetic Resonance Imaging of the lumbar spine revealed significant degeneration and desiccation of the disc with disc protrusions effacing the thecal sac. He was diagnosed with lumbar disc protrusion, left radicular syndrome and low back strain and mid back strain. Treatment included physical therapy, exercises, pain medications, muscle relaxants, anti-inflammatory drugs, and activity restrictions and modifications. Currently, the injured worker complained of increased low back and mid back pain radiating into the left lower extremity. He noted significant decreased range of motion, muscle spasms and positive straight leg raising. He was diagnosed with discogenic syndrome and a sacroiliac sprain. He reported that the increased limited functional abilities interfered with his activities of daily living. The treatment plan that was requested for authorization on September 2, 2015, included a prescription for Amrix 15mg #30 quantity. On August 18, 2015, utilization review denied the request for the prescription of Amrix.

## 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): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

**Decision rationale:** Amrix is an extended release formulation of cyclobenzaprine. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although cyclobenzaprine is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Amrix is not a preferred formulary medication. Prescribing Amrix is not considered medically necessary.