

Case Number:	CM15-0178286		
Date Assigned:	09/28/2015	Date of Injury:	05/31/2006
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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

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 53 year old male, who sustained an industrial injury on 05-31-2006. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for rule out left cervical facet mediated pain, cervical fusion at C5-6, and left rotator cuff repair. Treatment and diagnostics to date has included cervical spine surgery, cervical medial branch blocks, and medications. Current medications include Amrix (since at least 06-22-2015), Celebrex, Lunesta, Cymbalta, Percocet, and Lyrica. After review of progress notes dated 07-20-2015 and 08-18-2015, the injured worker reported low back pain, bilateral leg and hip pain rated 4-5 out of 10 on the pain scale. Objective findings included cervical and lumbar tenderness with limited range of motion. The request for authorization dated 08-19-2015 requested Amrix 15mg #30 1 tablet at bedtime as needed, Celebrex, Cymbalta, Lyrica, and Percocet. The Utilization Review with a decision date of 08-26-2015 non-certified the request for Amrix 15mg #30.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, muscle relaxants are not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations for few weeks) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration as there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Amrix 15mg #30 is not medically necessary and appropriate.