

<b>Case Number:</b>	CM15-0099671		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/07/2005
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: 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 65 year old male who sustained an industrial injury on 6/7/05. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral spondylosis without myelopathy, disc displacement with radiculitis and rotator cuff (capsule) sprain and strain. Currently, the injured worker was with complaints of lower back pain and bilateral shoulder pain. Previous treatments included medication management, injections; status post left shoulder surgery, and exercise and activity modification. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured workers pain level was noted as 3-4/10. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15 mg #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 Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41-42, 63-63.

**Decision rationale:** The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is on opioids according to the chart. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. There is usually no benefit beyond that provided by NSAIDs in most cases of lower back pain and no benefit when used in combination with NSAIDs. Therefore, because the patient is on Celebrex, continued use of Amrix is considered not medically necessary.