

Case Number:	CM13-0013944		
Date Assigned:	10/01/2013	Date of Injury:	05/07/2001
Decision Date:	01/24/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old female who reported an injury on 5/7/01. The patient is currently diagnosed with lumbar post-laminectomy syndrome, L4-5 and L5-S;1 PLIF with extension of fusion to L3-4 in October 2011; bilateral lower extremity radiculopathy; spinal cord stimulator implantation; cervicogenic headaches; medication-induced gastritis; reactionary depression and anxiety; medication-induced lethargy; and urinary incontinence. The patient was recently evaluated by [REDACTED] on 6/24/13; she complained of chronic lower back pain with radiation to the bilateral lower extremities. Physical examination revealed no apparent distress, an antalgic gait, tenderness to palpation along the lumbar musculature with decreased range of motion, positive straight leg raise bilaterally, a well-healed scar, tenderness along the lumbar musculature as well as trigger points, which are palpable and tender, 30 degrees of forward bending and 10-15 degrees of extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg # 60: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy and should not be used for longer than 2-3 weeks. As per the clinical notes submitted, the patient has been continuously utilizing this medication since 5/24/13, and continues to report high levels of pain. The patient also continues to demonstrate diminished range of motion, tenderness to palpation and trigger points. A satisfactory response to treatment has not been indicated. As guidelines do not recommend the long-term use of this medication, the current request cannot be determined as medically appropriate