

Case Number:	CM13-0017774		
Date Assigned:	10/11/2013	Date of Injury:	05/03/2011
Decision Date:	01/30/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/28/2013

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 California. 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 25-year-old female who reported injury on 05/03/2011. The mechanism of injury was not provided. The patient's diagnoses were noted to include herniated nucleus pulposus (HNP) L4-5 and recurrent disc herniation versus post laminectomy instability. The request was made for retrospective prescription for Anaprox D Naproxen #90 one tablet 2 times a day date of service 06/26/2013, retrospective prescription of Fexmid Cyclobenzaprine 7.5 mg #60 one tab 3 times a day date of service 06/26/2013, and Ultram tramadol hydrochloride 150 mg #60 one capsule once a day date of service 06/26/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription of Fexmid Cyclobenzaprine 7.5mh, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine Page(s): 46,.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is

greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The patient was noted to have positive lumbar tenderness on examination. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long term treatment. Given the above, the request for retrospective prescription of Fexmid Cyclobenzaprine 7.5mg, #60 1 tab three time a day (TID), (DOS 6/26/13) is not medically necessary.