

Case Number:	CM13-0021845		
Date Assigned:	11/13/2013	Date of Injury:	01/25/2012
Decision Date:	01/21/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in New York. 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 51-year-old female who reported a work-related injury on 01/25/2012, due to a fall. The patient complained of pain in her neck and low back. Her medications include tramadol, naproxen, Norco, Fexmid, and Protonix. MRI of the lumbar spine showed discogenic changes at L4-5 and L5-S1. MRI of the cervical spine revealed large C5-6 disc herniation compressing the central spinal cord. The patient has undergone spinal surgery, H-wave, modified duty, mechanical traction, and myofascial release. The patient reported that physical therapy increased her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 42, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The Physician Reviewer's decision rationale: Recent clinical documentation stated that the patient was much better with regard to her neck, and that her neck pain and arm pain were much better. Her lower back pain remained severe. The pain radiated from the lower

back to the right lower extremity. The patient had cervical surgery on 03/05/2013. The patient had undergone mandatory urine drug screens. She was noted at this time to have been doing well in physical therapy. Her diagnoses were listed as degenerative disc disease with L4-5 and L5-S1 bulge, cervical and lumbar spine strain, HNP C5-6, with myeloradiculopathy S/P ACDF C5-6 on 03/05/2013, depression, and HNP L4-5 and L5-S1. Treatment plan was noted to refill the patient's medications and to perform a mandatory urine drug screen. California Medical Treatment Guidelines for chronic pain indicate that Fexmid is a cyclobenzaprine, which is an anti-spasmodic. Anti-spasmodics are used to decrease muscle spasm in conditions such as lower back pain. Guidelines state it appears that these medications are often used for the treatment of musculoskeletal conditions, whether spasm is present or not. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation of chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. Per submitted clinical documentation for review, the patient was noted to be using Fexmid since at least 2012. As such, the clinical documentation submitted for review does not support the request for Fexmid, per guideline criteria. Therefore, the request for retrospective Fexmid 7.5 mg #60 is non-certified.