

Case Number:	CM13-0042969		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2004
Decision Date:	04/28/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 42-year-old male who sustained an injury on 02/04/2004, when he was struck by a door, causing him to fall back onto his back. The documentation submitted for review indicated the patient underwent facet rhizotomies to the L4, L5, and S1 levels. The patient was evaluated on 12/04/2013 for numbness and tingling into the bilateral lower extremities, and into the bilateral feet, left side greater than right. The documentation submitted for review indicated the patient's pain level was 8/10 to 9/10 without medications and 5/10 to 6/10 with medications. The documentation submitted for review indicated the patient's medication was Norco 2.5 mg 3 to 4 times per day. The physical examination noted the patient to have tenderness to palpation over the bilateral paravertebral musculature, facet joints, and sacroiliac joints, left side greater than right. The patient had a positive straight leg raise on the left, and sensation was decreased to the L5-S1 dermatomes. The patient was noted to have deep tendon reflexes that were equal bilaterally. The patient's diagnoses were noted as lumbar spine musculoligamentous sprain/strain with 4 mm disc protrusion at L4-5 with stenosis, 1 to 2 mm disc bulges at L3-4 and L5-S1, with facet hypertrophy; and L5-S1 degenerative changes, per MRI scan. The additional diagnoses were noted as history of low back surgery at L4-5, performed in 1997, and post-lumbar rhizotomy, performed in 06/2008

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG, QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid..

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

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend the use of antispasmodics for patients with muscle spasm conditions. The documentation submitted for review did not have physical examinations of muscle spasm. Furthermore, the documentation submitted for review did not indicate the use of Fexmid as part of the treatment plan, and the documentation submitted for review indicated the patient's treatment plan was effective in treating his pain. Therefore, the medication is not supported. Given the information submitted for review, the request for 60 Fexmid 7.5 mg is non-certified.