

Case Number:	CM13-0043649		
Date Assigned:	04/30/2014	Date of Injury:	09/16/2012
Decision Date:	08/13/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine 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 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:

This is a 36-year-old male with a 9/16/12 date of injury. The mechanism of injury was not noted. According to a UR denial dated 10/8/13, the patient presented on 8/14/13 with acute spasms in the lower back with right leg numbness. Physical examination revealed positive SLR, positive spasm of right LS paraspinal muscles, and decreased ROM of back in all planes. Diagnostic impression: thoracic/lumbosacral neuritis/radiculitis unspecified. Treatment to date: medication management, activity modification, epidural steroid injection, chiropractic therapy. A UR decision dated 10/16/13 denied the request for Fexmid. Within the medical information available for review, there is documentation of acute muscle spasms. However, given the requested quantity is for 270, there remains no documentation of intent to treat on a short-term basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fexmid 7.5mg, #270; 8/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Fexmid) is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better; however, use of up to 2-3 weeks can be beneficial. The addition of cyclobenzaprine to other agents is not recommended. Although it is documented that on 8/14/13, the patient presented with an acute exacerbation of his pain, this is a request for 270 tablets, which is excessive. A specific rationale as to why the patient requires such a large quantity of a medication intended for short-term use was not provided. Therefore, the request for Retro: Fexmid 7.5MG, #270; 8/14/13 was not medically necessary.