

Case Number:	CM13-0058136		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2010
Decision Date:	04/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 least at 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior multilevel lumbar fusion surgery; adjuvant medications; and muscle relaxants. In a Utilization Review Report of October 30, 2013, the claims administrator denied a request for Fexmid (cyclobenzaprine), approved a request for Neurontin, and conditionally denied a request for Norco. The applicant's attorney subsequently appealed. An earlier clinical progress note of November 26, 2013 is notable for comments that the applicant is using Norco, Fexmid, Neurontin, and Prilosec. The applicant has gastrointestinal upset with medications and states that Prilosec helps slightly. The applicant is given a rather proscriptive 10-pound lifting limitation and asked to consider hardware removal surgery. Norco, Fexmid, Neurontin, and Prilosec are all renewed. It does not appear that the applicant is working with the rather proscriptive 10-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine): Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Fexmid to other agents is "not recommended." In this case, the applicant is using at least two other analgesic and adjuvant medications, Norco and Neurontin. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.