

Case Number:	CM13-0061901		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2009
Decision Date:	08/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/05/2013

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:

The applicant is represented [REDACTED] employee who has filed a claim for chronic knee pain, neck pain, low back pain, and gastritis reportedly associated with an industrial injury of August 7, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; muscle relaxants; and various diagnostic tests, including lumbar discography. In a utilization review report dated November 21, 2013, the claims administrator approved a request for Norco, Naprosyn, and Prilosec while denying a request for Fexmid (cyclobenzaprine). The applicant's attorney subsequently appealed. In a progress note of June 18, 2013, the applicant was described as having persistent complaints of low back pain, highly variable, scored at 6/10. The applicant was status post right knee surgery, but had apparently declined to pursue a lumbar fusion surgery. The applicant was using Norco, Naprosyn, Prilosec, and Zanaflex. The applicant stated that he was sleeping poorly. The applicant's pain was described as debilitating. The applicant was given trigger point injections in the clinic. The applicant's work status was not provided. Norco, Naprosyn, and Prilosec were renewed, while Zanaflex was discontinued. Fexmid was then introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Feximid 7.5 mg, provided on November 1, 2013: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant was/is using a variety of other analgesic and adjuvant medications, including Naprosyn and Norco. Adding Fexmid or cyclobenzaprine to the mix was not indicated. Therefore, the request for Feximid 7.5 mg, provided on November 1, 2013, is not medically necessary or appropriate.