

<b>Case Number:</b>	CM13-0067495		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/11/1998
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology has a subspecialty in Pain Management 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:

Treatment to date includes L5-S1 Laminectomy, L5-S1 disc replacement, spinal cord stimulator implant. Diagnostic studies were done which include MRI of the lumbar spine which showed intermetallic fixation hardware at L5-S1 and a 2mm disc protrusion at L4-L5 with bilateral neural foraminal narrowing. There was also slight left paracentral disc osteophyte complex at L5-S1. Spine xray done on January 20,2011 showed spinal cord stimulator at the bottom of T9 without any evidence of lead migration. Medications include Oxycodone 30 mg, qid as needed, Norco 10/325 mg qid, Paxil 40 mg qd, Vallium 10 mg tid, Prilosec 20 mg bid, Donnata, Dilaudid Final Determination Letter for IMR Case Number CM13-0067495 34 mg tid as needed which were prescribed on 03/08/2013. Additional medication was given, FEXMID (brand name of Cyclobenzaparine) dated 07/19/13. As per utilization review, no written determination copy was seen in the records if the request for FEXMID was denied or modified. Medical records from 2005-2014 were reviewed which showed continues pain in her lower back which radiates down to both lower extremities aggravated with any type of bending twisting and turning with a pain scale of 8/10. She also complains of neck pain associated with headaches radiating down to her upper extremity. She presents with significant functional limitations. Upon physical examination she was noted to be in mild distress with cognitive and speech dysfunction. Cervical spine reveals tenderness to palpation along the posterior cervical musculature and a decreased range of motion. Lumbar spine revealed tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity. The straigh leg raising is positive on the right about 45 degree and left positive at 60 degrees. There's decreased sensation in the posterolateral thigh and lateral calf on the right with the use of Wartenberg pinprick wheel. DTRs revealed +1 on the right patella and achilles tendon and +2 on the left patella and achilles tendon. Examination is

negative for anterior or posterior drawer sign, negative for collateral laxity. There's decreased range of motion with internal rotation of the right hip.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 FEXMID 7.5MG #60 FOR THE DIAGNOSIS OF LUMBAR POST-LAMINECTOMY SYNDROME, CERVICAL SPINE (NECK) SPRAIN/STRAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009  
Page(s): 41-42.

**Decision rationale:** The Expert Reviewer's decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, FEXMID, which is a brand name of Cyclobenzaprine, is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been noted to take Cyclobenzaprine since July 2013. However, long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for FEXMID, Cyclobenzaprine, is not medically necessary.