

Case Number:	CM13-0071028		
Date Assigned:	06/20/2014	Date of Injury:	06/25/2007
Decision Date:	08/11/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/27/2013

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 Emergency Medicine and is licensed to practice in New York. 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 51-year-old male who was injured on June 25, 2007. The patient continued to experience pain in his low back and neck radiating into her left arm. The physical examination was notable for tenderness over the lumbar musculature and cervical spinal musculature, positive straight leg raise bilaterally, and decreased sensation in the left C5 and C6 dermatomes. An X-ray of the left arm showed a loose screw in the soft tissue. Electrodiagnostic studies indicated the presence of moderate left ulnar entrapment. Diagnoses included lumbar post-laminectomy syndrome, left ulnar neuropathy, and cervical myoligamentous injury. Treatment included steroid injections, medications, and surgery. Requests for authorization for orthopedic evaluation for hardware plate removal and Fexmid 7.5 mg # 60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with [REDACTED] for hardware plate removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18-19.

Decision rationale: The ulnar nerve is usually entrapped in one of two main areas. The first is in the condylar groove, and the second begins immediately distal to the elbow joint in the true, anatomic cubital tunnel. Treatment recommendations include elbow padding, avoidance of leaning on the ulnar nerve at the elbow avoidance of prolonged hyperflexion of the elbow; and utilization of Nonsteroidal Anti-Inflammatory Drugs (NSAIDs). In this case the patient is suffering from ulnar entrapment syndrome. Request for removal of the metal plate had been submitted and approved. Request for another evaluation for the removal of the plate is unnecessary. The evaluation with [REDACTED] for hardware plate removal is not medically necessary.

FexMid 7.5 mg Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines page(s) 63 Page(s): 63.

Decision rationale: Fexmid is Cyclobenzaprine, a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the duration of treatment exceeds the recommended short-term duration of less than two weeks. Therefore, Fexmid 7.5 mg Qty: 60 is not medically necessary.