

Case Number:	CM13-0071923		
Date Assigned:	01/08/2014	Date of Injury:	10/13/2008
Decision Date:	06/19/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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 Medicine and is licensed to practice in Texas and Florida. 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 was injured on 10/13/2008. The diagnoses listed are lumbar fusion, low back pain and bilateral knees pain. The associated diagnoses are anxiety and depression. The patient had completed PT, steroid injections and trigger points injections. The past surgery history is significant for lumbar fusion and knees arthroscopies. On 11/14/2013, the physician documented subjective complaints of low back pain and knee pain. The objective findings are tenderness in the lumbar paraspinal muscles, facet areas tenderness and crepitus of the knees. The medications listed are Anaprox, Ultram, Dendracin and Norco for pain, Klonopin and Remeron for anxiety and depression and Fexmid for muscle spasm. The patient is also on Topamax. A UDS on 7/2013 was consistent with opioid use. A Utilization Review determination was rendered on 12/4/2013 recommending modified certification for Fexmid 7.5mg bid #60 to #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #60, TWO (2) TIMES A DAY, AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, 9792.20-9792.26 Page(s): 41, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 41,63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic musculoskeletal pain. It is recommended that non sedating muscle relaxants be used when necessary as a second line option for short term treatment of acute exacerbation of symptoms that are non responsive to standard treatment with NSAIDs, physical therapy and exercise. The short term course of treatment should be limited to 2-3 weeks periods to minimize the risks of dependency, sedation and addiction associated with chronic use of muscle relaxants. The concurrent use of sedative muscle relaxants with other sedatives is associated with further increase in adverse drug effects. This records indicate that the patient had been on muscle relaxants for many years. The patient is also on opioids, Topamax and psychiatric medications with sedating properties. The criteria for continuation of Fexmid 7.5mg bid #60 was not met.