

Case Number:	CM13-0072686		
Date Assigned:	01/08/2014	Date of Injury:	11/01/2010
Decision Date:	06/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/31/2013

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, Pain Medicine, and is licensed to practice in 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 injured worker is a 54 year old male who reported a fall on 11/01/2010. In the medical document dated 01/28/2014, it was addressed that on 12/09/2013 the injured worker complained of increasing low back pain, radiating to his bilateral extremities. He also reported increased pain and numbness to thighs with prolonged standing or sitting greater than 20 minutes. Upon physical examination of the lumbar spine, it was noted the injured worker had tenderness over the paravertebral muscles, lumbosacral junction. It was also documented that there was low back pain radiating to the left side more so than the right gluteal region. It was documented by the prescribing physician the reasoning of the decision to prescribe Fexmid (cyclobenzaprine) 100mg 1 PO TID qty 90. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID (CYCLOBENZAPRINE 100MG) 1 PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63-64.

Decision rationale: The request for Fexmid (cyclobenzaprine 100mg) 1 PO three times a day #90 is not medically necessary. The California MTUS guidelines state that cyclobenzaprine is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Fexmid (cyclobenzaprine) is recommended for a short course of therapy of 2-3 weeks. The greatest effect appears to be in the first 4 days of treatment. The medical document reviewed did not document the injured worker's first line of conservative treatment and if there was any efficacy. The guidelines also state that the recommended dosing is 5mg three times a day and can be increased to 10mg three times a day for a no longer than 2-3 weeks. The request is in extreme excess of the recommended dose and in excess of the recommended duration. Therefore, the request for Fexmid (cyclobenzaprine 100mg) 1 PO three times a day is not medically necessary.