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| Case Number: | CM14-0005541 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 09/27/2011 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 49-year-old male who reported an injury on 09/27/2011. The mechanism of injury was noted as the injured worker had lower back pain while doing normal work activities of painting. The injured worker was noted to be utilizing muscle relaxants since 04/2013. The documentation of 11/04/2013 revealed that the injured worker continued to have pain. The diagnoses included lumbar/lumbosacral disc degeneration, lumbosacral neuritis, and depressive psychosis. The treatment plan included Norco 10/325 mg 1 tablet twice a day, Anaprox DS 550 mg 1 tablet twice a day, Prilosec 20 mg 1 tablet twice a day, and a discontinuation of Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5 MG FOR LUMBAR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 63

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation indicated that the injured worker had been utilizing the medication for greater than 2 months. There was lack of documentation of objective functional improvement. The request as submitted failed to indicate the quantity and frequency for the requested medication. This request would not be supported. Given the above, the request for Fexmid 7.5 mg for the lumbar is not medically necessary.