

<b>Case Number:</b>	CM14-0008498		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/01/1998
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational Medicine 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 patient is a 47 year old male who has submitted a claim for lumbar intervertebral disc disorder with myelopathy associated with an industrial injury date of July 1, 1998. Medical records from 2013 to 2014 were reviewed. The patient complained of left knee pain and low back pain radiating down to the right leg. Physical examination of the left knee showed an antalgic gait favoring the left knee; tenderness and crepitus with movement; swelling on the lateral aspect of the knee; varus formation; and hypersensitivity to light touch. Examination of the lumbar spine revealed tenderness over the lumbar musculature, mostly on the right and sciatic notch region; limitation of motion of the lumbar spine; positive straight leg raise on the right at about 60 degrees in the modified sitting position; and decreased sensation on the right in the L5 or S1 distribution. The diagnoses were L4-5, L5-S1 herniated nucleus pulposus with radiculopathy; myofascial pain in the lumbar spine; right lower extremity radiculopathy; left knee internal derangement s/p arthroscopic surgery x2; and left knee CPRS. Lumbar spine surgery was contemplated. The treatment plan includes a request for Fexmid, Doral and Synovacin. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, knee arthroscopic surgeries, Synvisc injections, lumbar epidural steroid injections, and trigger point injections. A utilization review from January 16, 2014 denied the requests for Fexmid 7.5mg BID because it is intended for short-term use only; Doral 15mg HS because there was no analysis of sleep problems; and Synovacin 500mg TID because there was no convincing evidence that it is effective in knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FEXMID 7.5MG BID:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. In this case, Fexmid intake has been noted as far back as July 2013. The MTUS Chronic Pain Guidelines does not recommend long-term use of this medication. Moreover, there was no objective evidence of overall pain and functional improvement derived from its use. There was no compelling rationale that may warrant continued use of this medication. In addition, the request did not specify the amount to dispense. Therefore, the request for Fexmid 7.5mg BID is not medically necessary.

**DORAL 15MG HS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Package Insert.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of the MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, there was no clear rationale provided to warrant the use of this medication in this patient. The medical necessity is not established due to lack of information. Moreover, the request did not specify the amount of medication to dispense. Therefore, the request is not medically necessary.

**SYNOVACIN 500MG TID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Synovacin is a propriety name for glucosamine sulfate. Page 50 of the MTUS Chronic Pain Guidelines state that glucosamine is recommended as an option given its low risk for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. In this case, the patient was diagnosed with left knee internal derangement s/p

arthroscopic surgery x2 and left knee CPRS. However, there were no imaging studies provided to support the diagnosis of knee osteoarthritis. The medical necessity cannot be established at this time. In addition, the request did not specify the amount to dispense. As such, the request is not medically necessary and appropriate.