

Case Number:	CM14-0008928		
Date Assigned:	02/14/2014	Date of Injury:	07/11/1998
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, 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 58-year-old female who reported an injury on 7/11/98. The mechanism of injury was not provided in the medical records. The injured worker's diagnoses included lumbar post laminectomy with subsequent total disc arthroplasty, bilateral lower extremity radiculopathy, spinal cord stimulator implant with several subsequent revisions and subsequent removal, and cervical herniated nucleus pulposus with right upper extremity radiculopathy. Her medications include Oxycodone, Norco, Fexmid, Paxil, Valium, Prilosec, Levothyroxine, and Donnatal/Lidocaine/Mylanta. The 1/10/14 clinic note reported a complaint of low back pain that radiated down both lower extremities rated at an 8/10. She also complained of neck pain, cervicogenic headaches, and radiation into the right upper extremity. The note reported that the injured worker had an updated cervical MRI performed on 10/19/13 that revealed a 4.5 mm disc bulge at C5-6. The note reported that the injured worker had good paresthesia coverage which provided her with a 50% to 60% pain relief in the back and lower extremities, but eventually the paresthesia coverage start radiated around into the abdomen and caused GI problems which resulted in removal of the Tripole lead on 10/03/2011 and since that time her chronic back pain worsened. On examination of the cervical spine, she had tenderness to palpation along the posterior cervical musculature with decreased range of motion, left shoulder tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity, positive straight leg raise, decreased sensation in the posterolateral thigh and lateral calf on the right, and 1+ deep tendon reflexes to the right patella and Achilles tendon. Examination of the bilateral knees revealed significant tenderness to palpation along the medial and lateral joint line with soft tissue swelling noted in both knees. The note stated that the injured worker continued having significant functional limitations due to her ongoing and debilitating neck and low back pain with significant radicular symptoms. The note also reported myofascial pain in the posterior

lumbar musculature with palpable trigger points and discrete focal tenderness located in the palpable top band of skeletal muscles producing twitch response to stimulus into the band. She was given four trigger point injections that provided greater than 50% relief and increased range of motion. She was given a refill of Norco and Oxycodone, and was recommended a laminectomy/laminotomy with Penta Paddle Lead.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #60 FOR CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Page(s): 41.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine (Fexmid) is recommended as an option for a short course of therapy with the greatest effects in the first four days of treatment; it is not recommended in conjunction to other agents. The documentation submitted indicates that the injured worker has been using cyclobenzaprine as early as June 2013 which does not meet guideline recommendations for short term use. Additionally, the documentation indicates that the injured worker is taking other pain medications including Norco and oxycodone; guidelines do not recommended use of cyclobenzaprine in conjunction with other agents. Furthermore, the documentation did not provide evidence of pain relief and functional improvement from the use of cyclobenzaprine to support efficacy. As such, the request is not medically necessary.