

Case Number:	CM14-0014069		
Date Assigned:	02/26/2014	Date of Injury:	11/01/2006
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 claimant is a 44-year-old male who reported an injury on 11/01/2006, by swinging a large bag into a garbage container and hurting his back. The clinical noted dated 11/14/2013 noted the claimant presented with difficulty sleeping, abdominal pain, heartburn and reflux primarily at night, constipation, and trouble breathing especially at night time while lying flat. Upon exam, there was tenderness to palpation over the upper bilateral quadrants of the abdomen. The prior treatment included medication management. The diagnoses were status post anterior cervical fusion and discectomy at C3-5 with retained anterior cervical plate, cervical spondylosis at C5-6 with abutment of the intervertebral space by the inferior anterior cervical plate, status post lumbar laminectomy and discectomy at L4-5 and L5-S1, post laminectomy pain syndrome with radiculitis on the left lower extremity, status post removal anterior cervical plate C3-5 with exploration of fusion, and removal of interbody cage. Prior treatment included medication management. The provider recommended Fexmid 7.5 mg twice daily; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5 MG BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE Page(s): 18.

Decision rationale: The California MTUS Guidelines recommend Fexmid as an option for short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter courses may be better. Treatment should be brief. The provided medical records lack documentation of significant objective functional improvement with the medication. The injured worker has been prescribed Fexmid since at least 08/2013, the efficacy of the medication is not mentioned in the provided documentation. Additionally, the frequency and the dose was not provided in the request. Therefore, the request for Fexmid 7.5 mg BID is not medically necessary and appropriate.