

Case Number:	CM14-0132134		
Date Assigned:	08/22/2014	Date of Injury:	04/10/2012
Decision Date:	09/18/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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:

48 yr. old female claimant sustained a work injury on 3/2/11 involving the low back. She was diagnosed with lumbar disc disease, lumbar facet syndrome and right sacroiliac joint arthropathy. She underwent epidural steroid injections and received Tylenol #4 as well as Fexmid for pain relief and muscle relaxation. A progress note on 7/22/14 indicated she had 3/10 pain with medication and 7/10 pain without. The duration of relief was 4 hours. Physical findings were notable for right shoulder and cervical spine painful range of motion. There were no findings or nerve root compression. The treating physician recommended continuation of home exercises as well as Tylenol # 4 TID and Fexmid 10 mg BID. She had been on them for several months with similar findings in pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with codeine: Codeine (Tylenol with Codeine; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Tylenol # 4 is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tylenol # 4 for several months without significant improvement in pain or function. The continued use of Tylenol # 4 is not medically necessary.

60 Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines : Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, Fexmid had been used for several months in combination with opioids. It is not intended for high dose, chronic use and is not medically necessary.