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| Case Number: | CM14-0152949 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 10/01/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 38 years old male with an injury date on 10/01/2013. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical/trapezial musculoligamentous sprain/strain with negative x-ray dated 10/01/2013. 2. Thoracic musculoligamentous sprain/strain with negative x-ray dated 10/01/2013. According to this report, the patient complains of low back pain. Tenderness is noted over the paraspinals musculature with muscle guarding and spasm. Straight leg test is positive electing increased radicular symptoms. Range of motion of the lumbar spine is restricted. Sensation is decreased in the bilateral lower extremities in a patchy distribution. There were no other significant findings noted on this report. The utilization review denied the request on 08/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/24/2014 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 08/13/2014 report by the attending physician this patient presents with low back pain with muscle spasm and tenderness. The treater is requesting Fexmid 7.5 mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Fexmid was first mentioned in the 02/24/14 report; it is unknown exactly when the patient initially started taking this medication. The treater is requesting Fexmid #60; Fexmid is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the request is not medically necessary.