MAXIMUS Federal Services

Case Number:	CM14-0155788		
Date Assigned:	09/25/2014	Date of Injury:	10/06/2010
Decision Date:	11/25/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Practice and is licensed to practice in Ohio. 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 46 year old female with a date of injury of October 6, 2010. She has chronic low back pain radiating into the right lower extremity. She recently had an epidural steroid injection which provided 80% relief for two months. A physical exam recently has revealed tenderness to palpation of the central low back, diminished lumbar range of motion, a positive sacroiliac stress test on the right, and diminished sensation on the right side to the L4-L5 distribution. It appears she was prescribed Flexeril on 8-22-2014 but that request seems to have been denied. A review of the available medical record does not show a long standing period of use for that medication. The diagnoses include lumbar sacral spondylolisthesis, lumbar sprain, sacroiliac sprain, lumbar disc displacement, and lumbosacral neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Cyclobenzaprine

Decision rationale: Cyclobenzaprine (Fexmid) is recommended as an option, using a short course of therapy for acute low back pain. Therapy duration is generally limited to 2 to 3 weeks. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant.In this instance, it appears that the Fexmid is being used acutely for an exacerbation of chronic pain. The record seems to indicate that the prescription for this medication was very recent and that it has not been used chronically. Therefore, Fexmid 7.5mg #60 is medically necessary.