

Case Number:	CM14-0167191		
Date Assigned:	10/14/2014	Date of Injury:	04/03/2008
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/10/2014

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:

This 43 year-old patient sustained an injury on 4/3/2008 while employed by [REDACTED]. Request(s) under consideration include Fexmid/Cyclobenzaprine 7.5mg QTY: 60. Diagnoses include Lumbar region sprain/ thoracic lumbar disc displacement/ lumbosacral neuritis. Report of 9/10/14 from the provider noted ongoing chronic low back radicular pain rated at 5-8/10 with and without medications. Exam showed positive tenderness of sciatic notches; positive SLR and decreased sensation at bilateral L5-S1 with spasm. Medications were refilled. Report of 10/1/14 from the provider noted the patient with constant chronic back pain radiating to bilateral legs down ankles with associated numbness in toes rated at 7-8/10. Exam of lumbar spine showed well-healed midline surgical scar; tenderness over L4-5 paravertebral and facets with spasm; positive SI tests with Fabere's and Yeoman's with positive SLR; limited range; decreased sensation in bilateral L3 and left dermatomes with 5/5 throughout except for bilateral hip flexors of 4/5 with DTRs 2+. Diagnosis was s/p laminectomy and discectomy at L4-5 on 5/22/08 and L4-5 fusion on 5/21/09. Treatment included LESI and continued medications. The request(s) for Fexmid/Cyclobenzaprine 7.5mg QTY: 60 was non-certified on 9/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid/Cyclobenzaprine 7.5mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

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

Decision rationale: This 43 year-old patient sustained an injury on 4/3/2008 while employed by [REDACTED]. Request(s) under consideration include Fexmid/Cyclobenzaprine 7.5mg QTY: 60. Diagnoses include Lumbar region sprain/ thoracic lumbar disc displacement/ lumbosacral neuritis. Report of 9/10/14 from the provider noted ongoing chronic low back radicular pain rated at 5-8/10 with and without medications. Exam showed positive tenderness of sciatic notches; positive SLR and decreased sensation at bilateral L5-S1 with spasm. Medications were refilled. Report of 10/1/14 from the provider noted the patient with constant chronic back pain radiating to bilateral legs down ankles with associated numbness in toes rated at 7-8/10. Exam of lumbar spine showed well-healed midline surgical scar; tenderness over L4-5 paravertebral and facets with spasm; positive SI tests with Fabere's and Yeoman's with positive SLR; limited range; decreased sensation in bilateral L3 and left dermatomes with 5/5 throughout except for bilateral hip flexors of 4/5 with DTRs 2+. Diagnosis was s/p laminectomy and discectomy at L4-5 on 5/22/08 and L4-5 fusion on 5/21/09. Treatment included LESI and continued medications. The request(s) for Fexmid/ Cyclobenzaprine 7.5mg QTY: 60 was non-certified on 9/18/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2008 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. The Fexmid/ Cyclobenzaprine 7.5mg QTY: 60 is not medically necessary and appropriate.