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| Case Number: | CM14-0022545 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/11/2009 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 69 year old male injured on 02/11/09 as a result of heavy lifting. Current diagnoses include lumbar degenerative disc disease with bilateral lower extremity radiculopathy, degenerative spondylolisthesis at L5-S1 with positive pars defect, right knee internal derangement, status post total hip replacement on 03/26/09, umbilical hernia, and medication induced gastritis. Prior treatments include home exercise program, physical therapy, medication management, trigger point injections, and epidural steroid injections. The clinical note dated 01/21/14 indicates the injured worker presented complaining of significant worsening of back and lower extremity symptoms following lumbar epidural steroid injection on 06/20/13. The documentation indicates the injured worker received 50% pain relief to his lower back and radicular symptoms in the lower extremities with improvement in mobility and activity tolerance for approximately 3 months following the injection. It is also noted the injured worker was able to decrease Norco use from 4 tablets to 2 tablets per day. The clinical note also indicates the injured worker has suffered from persistent rash to arms, chest, and face believed to be related to exposure to chemicals while performing normal job duties. Physical examination revealed an antalgic gait, posterior lumbar musculature tenderness to palpation bilaterally, increased muscle rigidity, numerous trigger points palpable and tender throughout the lumbar paraspinal muscles, decreased sensory examination along the posterior lateral thigh and posterolateral calf on the left in the approximate L5-S1 distribution, and straight leg raise modified sitting position is positive bilaterally. Medications include Norco 10/325mg BID, Fexmid 7.5mg BID, Anaprox 550mg BID, Prilosec 20mg BID, and Dendracin topical analgesic cream. The initial request for Fexmid 7.5mg #60 was initially non-certified on 02/04/14.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Fexmid 7.5MG #60 cannot be established at this time.