

Case Number:	CM14-0034115		
Date Assigned:	06/20/2014	Date of Injury:	10/02/2003
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 54-year-old female who reported an injury on 10/02/2003. The mechanism of injury was not provided within the medical records. Her diagnoses include lumbar postlaminectomy syndrome, cervical myofasciitis, bilateral carpal tunnel syndrome, and reactionary depression/anxiety. Her previous treatments were noted to include previous lumbar spine surgeries, biofeedback, pain medications, antidepressants, and a spinal cord stimulator. A 09/20/2013 clinical note indicates that the injured worker's symptoms included low back pain with radiation to the bilateral lower extremities. Her medications were listed as OxyContin, Norco, Prilosec, Anaprox, Fexmid, Celexa, Valium, and Colace. Her physical examination was noted to reveal tenderness to palpation with muscle rigidity of the lumbar spine, as well as numerous trigger points. Her treatment plan included continued use of medications as it was noted that she had done a good job of trying to stretch out her medications and make them last longer than a month. A Request for Authorization form for OxyContin, Norco, Anaprox, Prilosec, Fexmid, Celexa, Valium, and Colace was submitted on 09/20/2013. A clear rationale for the continuation of Fexmid was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5mg BID: Upheld

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

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

Decision rationale: The request is non-certified. According to the California MTUS Guidelines, Fexmid may be recommended for a short course of therapy. However, limited evidence does not allow for recommendation for chronic use. The guidelines specify that Fexmid is not recommended to be used for longer than 2 to 3 weeks. The clinical information submitted for review indicates that the injured worker has been utilizing Fexmid since at least 09/20/2013. However, recent documentation was not provided indicating a positive outcome with the use of this medication. In the absence of documentation showing a positive outcome and as the injured worker has been utilizing this medication for longer than 2 to 3 weeks, continued use is not supported by the guideline. As such, the request is not medically necessary.