

Case Number:	CM14-0038632		
Date Assigned:	06/27/2014	Date of Injury:	08/07/2011
Decision Date:	08/15/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 30 year old female who reported an injury to her low back August 07, 2011. The clinical note dated 09/24/13 indicates the injured worker having previously undergone a surgical repair at the right upper extremity. The injured worker had been referred to a spinal surgeon for involvement of the three levels of the cervical spine. The clinical note dated 11/04/13 indicates the injured worker having undergone an epidural injection. The clinical note dated 11/26/13 indicates the injured worker having undergone a discogram which identified the L4-5 level as the pain generator. The note indicates the injured worker utilizing Norco for pain relief. There is an indication the injured worker had a subsequent slip and fall following the procedure. The note indicates the injured worker's past medical history is significant for an open reduction internal fixation (ORIF) at the left wrist in October of 2013 with a subsequent hardware removal in November of 2013. The injured worker did experience increased neck pain with radiating pain to the right upper extremity. Upon exam, the injured worker was able to demonstrate 45 degrees of lumbar flexion with 15 degrees of extension and 20 degrees of left lateral bending. The note indicates the injured worker utilizing Anaprox, Norco, and Fexmid at that time for pain relief. The clinical note dated 01/09/14 indicates the injured worker continuing with the use of Fexmid. The documentation indicates the injured worker had been utilizing this medication beyond the three week window. The utilization review dated 03/25/14 resulted in a denial for the use of Fexmid 7.5mg as long term use of muscle relaxants is not recommended beyond three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5mg x60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (flexeril) 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 patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity cannot be established at this time.