MAXIMUS Federal Services

Case Number:	CM14-0042126		
Date Assigned:	06/20/2014	Date of Injury:	02/10/2006
Decision Date:	07/17/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 New York and Texas. 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 47-year-old female who reported an injury on 02/03/2006, when she slipped and fell in the elevator at work. On 01/17/2014, the injured worker had another work-related injury; she stated that she injured her low back. On 03/27/2014, she complained of low back pain with prolonged sitting that radiated down into the right buttock with numbness. The injured worker stated that her pain level was 8/10 without pain medication and 3/10 with pain medications. Also on 03/27/2014, the physical examination revealed objective findings of tenderness to palpation over the bilateral paravertebral musculature, greater on the right than left, with muscle guarding. There was tenderness to palpation over the right sacroiliac joint and gluteus muscles. The active range of motion was flexion 34 degrees, extension 17 degrees, right side bending was at 18 degrees and left siding bending was at 20 degrees. The injured worker's medication information was not submitted on this progress report. The diagnoses of the injured worker included lumbar musculoligamentous strain/sprain with spondylosis at L5-S1; status post right ankle anterior talofibular ligament tear/modified Brostrm procedure; and mid back and right ankle symptoms. The treatment plan included a prescription for Fexmid 7.5mg #60. The request for authorization was not submitted for this review.

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 Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) & Muscle Relaxants Page(s): 41 & 63.

Decision rationale: The request for Fexmid 7.5 mg #60 is not medically necessary. California's MTUS Chronic Pain Medical Treatment Guidelines recommend Fexmid as an option for use as a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; however, 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. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in lower back pain (LBP) and is associated with drowsiness and dizziness. The guidelines also recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation provided does not indicate the injured worker has attempted any conservative care measures such as physical therapy or medication management. It is also noted that the injured worker has had previous injuries, and she has already been on the Fexmid in the past. In addition, the guidelines do recommend Fexmid to be used for no longer than 2-3 weeks. It was noted the injured worker has been on Fexmid more than 1 year. Given the above, the request for Fexmid 7.5mg # 60 is found to be not medically necessary and appropriate.