

Case Number:	CM14-0046558		
Date Assigned:	07/02/2014	Date of Injury:	01/26/2000
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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 patient is a 45-year-old female who has submitted a claim for displacement of cervical intervertebral disc without myelopathy associated with an industrial injury date of January 26, 2000. Review of the 2013 to 2014 medical records show the patient complaining of neck pain with bilateral upper extremity radiculopathy, and low back pain with left lower extremity radiculopathy. The physical examination of the cervical and lumbar spine showed decreased lordosis; tenderness and spasm; limitation of motion; positive axial compression and straight leg raise. The diagnoses were cervical intervertebral disc displacement without myelopathy; thoracolumbar disc displacement without myelopathy; thoracic/lumbosacral neuritis/radiculitis; thoracic sprain and strain; and lumbar sprain and strain. The treatment plan includes a request for Fexmid refill and treatment to date has included oral analgesics and muscle relaxants. Utilization review from March 14, 2014 denied the request for Fexmid 7.5mg qty 60 because there was no documentation of muscle spasm, tension, stiffness, or trigger points on examination. It was also not clear on how long the claimant has been on the medication, or if the medication is being continually or during of exacerbation of symptoms only in accordance to guideline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, quantity 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, "sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." In this case, Cyclobenzaprine use was noted as far back as November 2013. However, the medical records do not clearly reflect continued functional benefit from its use. Long-term use is not supported by the guideline. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Fexmid 7.5mg, quantity 60 is not medically necessary.