

Case Number:	CM14-0054617		
Date Assigned:	07/07/2014	Date of Injury:	01/16/2010
Decision Date:	08/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Pulmonary Diseases 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 55-year-old male with a reported date of injury on 01/16/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include de Quervain's syndrome, wrist pain, and L4-5 moderate to severe facet arthropathy, L4-5 disc displacement /annular tear, lumbar paresthesias, and dorsal left wrist ganglion. His previous treatments were noted to include surgery, medications, acupuncture, and physical therapy. The injured worker's medications include Fexmid 7.5 mg. The progress note dated 03/19/2014 revealed the injured worker complained of ongoing neck pain rated 4/10, as well as low back and buttock pain with numbness radiating into the bilateral lower extremities to the bottom of the feet, rated 5/10, as well as ongoing left wrist pain and numbness to the left thumb, rated 4/10. The physical examination of the lumbar spine and lower extremities revealed palpable tenderness across the upper buttocks bilaterally and decreased sensation over the L4, L5, and S1 dermatomes. There was decreased range of motion noted to the lumbar spine, reflexes were equal bilaterally, and motor strength testing rated 5/5. There was positive straight leg noted on the right lower extremity. The request for authorization Form dated 03/19/2014 was for Fexmid 7.5 mg one by mouth every 8 hours #90 and Restoril 30 mg one by mouth at bedtime #30; however, the provider's rationale was not submitted 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, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain), page 63 Page(s): 63.

Decision rationale: The request for Fexmid 7.5 mg #90 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxants may be effective in reducing pain and muscle tension, increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is a lack of documentation regarding efficacy of this medication, improved functional status, and a lack of documentation indicating muscle spasms to warrant a muscle relaxant. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Restoril 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24 Page(s): 24.

Decision rationale: The request for Restoril 30 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are a treatment of choice in very few conditions. Tolerance to hypnotic effects develops rather quickly. Tolerance to the anxiolytic effects occurs within months and longterm use may actually increase anxiety. A more appropriate treatment for anxiety disorder is antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has been utilizing this medication for over 6 months and there is a lack of documentation regarding efficacy of this medication. The guidelines state the efficacy appears to diminish over time and limits use to 4 weeks, which the injured worker has exceeded the guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.