

Case Number:	CM14-0069039		
Date Assigned:	07/14/2014	Date of Injury:	09/24/2012
Decision Date:	10/31/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with a 9/24/12 date of injury, and status post left knee arthroscopy, meniscectomy, and chondroplasty 3/13. At the time (4/24/14) of request for authorization for Fexmid 7.5mg 1 by mouth three times a day, # 63, there is documentation of subjective (bilateral knee pain and lumbar spine pain) and objective (antalgic gait, tenderness, positive sacroiliac tenderness, Faber, Sacroiliac thrust test, and Yeoman's tests, limited lumbar spine range of motion, knee tenderness, decreased range of motion, positive patellar compression bilaterally, and left Lachman and McMurray tests) findings, current diagnoses (lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and status post left knee arthropathy with residual), and treatment to date (physical therapy, activity modification, and medications (including cyclobenzaprine since at least 9/12)). There is no documentation of an acute exacerbation of chronic low back pain, that Fexmid (cyclobenzaprine) is being used as a second line option, and intention for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medication as a result of cyclobenzaprine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg # 63: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and status post left knee arthropathy with residual. However, there is no documentation of an acute exacerbation of chronic low back pain and that Fexmid (Cyclobenzaprine) is being used as a second line option. In addition, given medical records reflecting prescription for Cyclobenzaprine since at least 9/12, there is no documentation of an intention for short-term treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medication as a result of cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg # 63 is not medically necessary.