

Case Number:	CM14-0070163		
Date Assigned:	07/14/2014	Date of Injury:	08/16/2012
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 with a reported date of injury on 08/16/2012. The mechanism of injury was noted to be a car accident. Her diagnoses were noted to include status post heel spur excision left plantar fasciitis, 4th and 5th toe osteoarthritis, and depression. The progress note dated 06/05/2014 revealed the injured worker was able to perform some activities of daily living with medications and without it she is unable to get out of bed. Muscle spasms were reduced with the use of Robaxin daily. The injured worker reported pain and spasms gradually worsened and the spasm includes the thoracic spine now as well. The physical examination revealed bilateral paravertebral muscle spasms tender to palpation and balance examination was within normal limits. The request for authorization form was not submitted within the medical records. The request is for Fexmid 7.5 mg #60; 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond Nonsteroidal Anti-Inflammatory Drugs (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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There was a lack of documentation regarding the utilization of Fexmid. The documentation provided indicated the injured worker was utilizing Robaxin for muscle spasms. There is a lack of documentation regarding the efficacy and functional status improvement with regard to Fexmid. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, Fexmid 7.5mg #60 is not medically necessary.