

Case Number:	CM14-0074505		
Date Assigned:	07/16/2014	Date of Injury:	12/05/2009
Decision Date:	09/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Emergency 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:

Patient with reported date of injury on 12/5/2009. Mechanism of injury is reportedly due to cumulative trauma. Patient has a diagnosis of lumbosacral intervertebral disc degeneration with disc protrusions and lumbar neuritis/radiculitis. Medical reports reviewed. Last report available until 4/28/14. The provided reports are brief and provide poor documentation of subjective complaint with only a single line sentence and lack an actual assessment and plan. Patient complains of back pain due to a "flareup". Objective exam reveals tenderness to paraspinal muscles of entire back. Range of motion of back is limited. Pain with lumbar extension. Negative Fabers. Hip and leg exam was benign. Decreased sensation to L L5 dermatome with mild weakness to L toe extensors. There is no medication list noted anywhere on record. Except for several UR reports, the reports do not state anything about patient's medication or plan. Patient has reported prior physical therapy and work conditioning with no improvement. Independent Medical Review is for Fexmid 7.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Feximid 7.5 MG # 30: Upheld

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

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

Decision rationale: Fexmid is cyclobenzaprine(also known as flexeril), a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Pt has reported muscle spasms on exam. However the lack of documentation makes it impossible to determine if patient is actually in pain since there is no documentation of pain on visual analogue scale, there is no medication list so it is not known if patient is currently taking or has taken Fexmid in the past. The documentation does not support the medical necessity for Fexmid. Fexmid is not medically necessary.