

Case Number:	CM14-0076549		
Date Assigned:	07/18/2014	Date of Injury:	05/29/2011
Decision Date:	09/29/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 is licensed to practice in North Carolina, Colorado, California and Kentucky. 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 50 year old female injured on 05/29/11 when she fell, striking her hip, resulting in extreme hip and back pain. The injured worker was initially diagnosed with hip and back strain. The injured worker was treated conservatively following initial injury. Diagnoses included thoracic spine strain, lumbar spine strain, and lumbar radiculopathy. Clinical note dated 04/07/14 indicated the injured worker presented with reported improvement with therapy and light duty activities. Physical examination revealed non-antalgic gait, thoracic spine tenderness to palpation upper/mid/low paravertebral muscles, mid limitation of motion of thoracic spine, lumbar spine tenderness to palpation in the mid/upper/lower paravertebral muscles, range of motion of the lumbar spine limited, increased pain with lumbar motion, straight leg raising and rectus femoral stretch sign negative, no tenderness to palpation and no pain with compression/destruction of the pelvis, no sacroiliac joint tenderness or irritability, no tenderness to palpation of bilateral hips, no soft tissue swelling/tenderness/venous cords of the calves bilaterally, and patchy decreased sensation to bilateral lower extremities most notably in L5 distribution. Treatment plan included prescription for Fexmid 7.5mg #20. The initial request was non-certified on 04/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Fexmid 7.5mg #20 cannot be established at this time.