MAXIMUS Federal Services

Case Number:	CM14-0087216		
Date Assigned:	07/23/2014	Date of Injury:	12/12/2012
Decision Date:	09/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 12/12/2012. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with 4 mm disc protrusion and facet osteoarthritis at L4-5, impingement of bilateral L4 and L5 nerve roots, stress, anxiety and sleep loss. Past medical treatment for the injured worker includes acupuncture therapy, chiropractic therapy and medication therapy. Medications include Tramadol 50 mg 1 tablet every 6 hours, Fexmid 7.5 mg 2 times a day. An MRI of the lumbar spine was obtained on 02/24/2014. It was reported that the injured worker had 30% improvement of low back pain due to chiropractic therapy. The injured worker reported numbness and tingling to the right side greater than the left lower extremity and right foot. The injured worker rated his pain at a 4-6/10, describing it as moderate and frequent. It was noted that this was with medication, 7/10 without. Physical examination dated 05/14/2014 revealed that the injured worker's lumbar spine was tender to palpation with muscle spasm over the paravertebral musculature and lumbosacral junction. Straight leg raising test was positive bilaterally, eliciting radicular symptoms to the buttocks bilaterally and right posterior thigh. There was increased axial back pain upon extension. Range of motion of the lumbar spine was measured as follows flexion of 33 degrees, extension of 15 degrees, right side bending of 12 degrees and left side bending of 15 degrees. Sensation to pinprick and light touch was decreased in the right foot along the L5-S1 dermatomes. Deep tendon reflexes were 2+ in the knees bilaterally, 1+ in the left ankle and trace on the right ankle. The treatment plan is for the injured worker to continue using Fexmid 7.5 mg. The rationale and Request for Authorization form were not submitted for review.

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 Muscle Relaxants Page(s): 63-64.

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

Decision rationale: The injured worker reported numbness and tingling to the right side greater than the left lower extremity and right foot. The injured worker rated his pain at a 4-6/10, describing it as moderate and frequent. It was noted that this was with medication, 7/10 without. The California MTUS Guidelines only recommend Fexmid as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. Fexmid is associated with treatment for 2 to 3 weeks for symptom improvement with lower back pain and is associated with drowsiness and dizziness. Evidence submitted in the progress note dated 02/02/2014 showed the use of Fexmid since about this time, exceeding the recommendations of the MTUS guidelines. Efficacy has not been provided as the injured worker continued to have muscle spasms. Furthermore, the submitted request lacked duration and a frequency of the medication. As such, the request for Fexmid 7.5 mg is not medically necessary.