

Case Number:	CM14-0096150		
Date Assigned:	09/15/2014	Date of Injury:	01/03/2007
Decision Date:	10/22/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 55 year-old male who was reportedly injured on January 3, 2007. The mechanism of injury is noted as a lifting event. The most recent progress note dated June 4, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a 5'11", 150 pound individual in no apparent distress. A wide-based gate pattern is reported. Heal & toe walking increase the low back pain. Diffuse tenderness is noted to palpation and is moderate facet joint tenderness noted at L4/S1. Diagnostic imaging studies were not reported in this narrative. Previous treatment includes multiple medications, physical therapy, and other pain management interventions. A request had been made for Fexmid and was not certified in the pre-authorization process on June 16, 2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-64.

Decision rationale: As noted in the progress note, dated June 4, 2014, there is much as a low back pain without radiation emanating from the lumbar facet joints at L4, L5 & S1. As such, there is no muscle skeletal nature to the pain complaints in getting the need for this particular medication. Furthermore, as outlined in the MTUS the use of muscle relaxant medications are indicated for the short-term as there is no noted efficacy and long-term use and there is a significant side effect profile. Therefore, based on the clinical information presented for review tempered by the parameters outlined in the MTUS, Fexmid 7.5mg #60 is not medically necessary.