

Case Number:	CM13-0040950		
Date Assigned:	12/20/2013	Date of Injury:	04/26/2012
Decision Date:	08/10/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 40-year-old male, who sustained an industrial injury on April 26, 2012, incurring low back injuries. He was diagnosed with lumbar disc disease with herniation and lumbar radiculopathy. Lumbar Magnetic Resonance Imaging revealed grade I listhesis with central disc herniation. Treatment included epidural steroid injection, physical therapy, lumbar traction, electrical stimulation, anti-inflammatory drugs, topical analgesic cream, muscle relaxants and work modifications. Currently, the injured worker complained of progressive low back pain, and lower extremity weakness and numbness. Neurological deficits were noted upon examination. He noted restricted range of motion of the lumbar spine. The treatment plan that was requested for authorization included a prescription for Fexmid.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Fexmid 7.5mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has progressive low back pain, and lower extremity weakness and numbness. Neurological deficits were noted upon examination. He noted restricted range of motion of the lumbar spine. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5MG #60 is not medically necessary.