

Case Number:	CM13-0045108		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2004
Decision Date:	10/06/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on November 30, 2004. Treatment to date has included diagnostic imaging, lumbar epidural steroid injection, lumbar fusion, spinal cord stimulator placement, opioid medications and antidepressant medications. A physician's evaluation on October 2, 2013 revealed the injured worker responded well to a lumbar epidural steroid injection and reported a 60% pain relief. He reported that he was able to increase his activities of daily living and reduce his pain medications by 20-30%. His medication regimen included MS Contin, Oxycontin, Norco, Protonix, and FexMid. The documentation revealed the injured worker had been using FexMid since at least August 2, 2013. On physical examination the injured worker had tenderness to palpation over the cervical musculature and the lumbar musculature with rigidity. He had numerous cervical and lumbar trigger point and muscle guarding with range of motion. His lumbar spine range of motion was reduced and he had positive straight leg raise. The diagnoses associated with the request include status post lumbar fusion and right lower extremity radiculopathy. The treatment plan includes a continuation of Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

60-day supply of Fexmid (Cyclobenzaprine Hydrochloride) 7.5 mg tablet # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Summary of Recommendations, Low Back Disorders (<https://www.acoempracguides.org/LowBack>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. In this case, the injured worker is using cyclobenzaprine for chronic pain which is not supported by the guidelines. Additionally, this medication is intended for short term use and a prescription for 120 tablets does not allow for continued assessment for efficacy. The request for 60-day supply of Fexmid (Cyclobenzaprine Hydrochloride) 7.5 mg tablet # 120 is determined to not be medically necessary.