

Case Number:	CM14-0180685		
Date Assigned:	11/05/2014	Date of Injury:	04/30/2009
Decision Date:	01/16/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 65-year-old male presenting with a work-related injury on April 30, 2009. On September 16, 2014 the patient complained of ongoing low-back pain with radiation to the left extremity. The patient reported that inferential current decreases pain. The physical exam was significant for tenderness to palpation of the paravertebral muscles and left sacroiliac/sciatic notch with muscle spasms; he had decreased lumbar spine range of motion associated with increased pain that was greatest with extension: orthopedic testing revealed positive Kemp's and Yeoman's test and straight leg raise that increase the low-back pain. According to the medical records the patient was not working. The patient was diagnosed with lumbar sprain/strain with lower extremity radiculopathy and left knee apoplexy. A claim was made 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 between 9/16/2014 and 9/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: Fexmid 7.5mg Quantity #60 between 9/16/2014 and 9/169/2014 is not medically necessary for the client's chronic medical condition. Fexmid is Cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended 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. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.