

Case Number:	CM14-0196134		
Date Assigned:	12/04/2014	Date of Injury:	12/10/2010
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 58 year old male with an injury date on 12/10/2010. Based on the 11/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, mild spondylosis at C5-C6 and C6-C7, per x-rays, and history of MRI scan with disc bulges. 2. Lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and spondylosis at L2-L3 and L3-L4 with facet degenerative changes at L5-S1. According to this report, the patient complains of neck and back pain. There is tenderness to palpation with muscle spasm over the bilateral paravertebral musculature and trapezius muscles, right side greater than left of the cervical spine. Axial Compression test is positive. The patient's condition is as "not working, retired." The treatment plan is to discontinue Norco secondary to nausea, refill Fexmid to decrease spasms, prescribe Tylenol ES and Voltaren gel, and re-released from care today (11/03/2014) with no further permanent disability. The patient's past treatment consist of right shoulder surgery and laboratory testing, including a chemistry panel and a complete blood count. There were no other significant findings noted on these records. The utilization review denied the request for Fexmid 7.5 mg #60 on 11/17/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/03/2014 to 11/03/2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the 11/03/2014 report, this patient presents with pain in the neck and low back. The current request is for Fexmid 7.5 mg #60. The treating physician mentions that "Fexmid helps with home exercise program in decreasing spasm for better compliance and allows for performance of activities of daily living." Pain is a 5-7/10. Fexmid was first mentioned on 04/03/2014 report and it is unknown exactly when the patient initially started taking this medication. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician requests for a refill of Fexmid to decrease spasms but did not mention that this is for a short-term use to address a flare-up or an exacerbation. Fexmid is not recommended for long term use. Therefore, the request is not medically necessary.