

Case Number:	CM14-0198396		
Date Assigned:	12/08/2014	Date of Injury:	10/12/2005
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine 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:

This is a 65 year old with a work related continuous trauma injury dated 10/12/2005. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 09/26/2014, the injured worker presented with complaints of low back pain with associated spasms. Diagnoses included lumbosacral sprain/strain with 2-3mm disc protrusions at L3-L4, L4-L5, and L5-S1 with hypertrophy, degenerative joint disease, and history of rhizotomies at L3-4 and L4-5. Treatments have consisted of interferential unit, medications, and heat. Diagnostic testing included MRI dated 04/27/2011 which showed 2-3 mm disc protrusions at L3-L4, L4-L5, and L5-S1 with hypertrophy. Work status is noted as temporarily totally disabled. On 11/18/2014, Utilization Review denied the request for Retro Fexmid 7.5mg #60 1 tablet twice a day for 30 days. Therefore, the Utilization Review decision was appealed for an Independent Medical Review. Physician review was not included in the Utilization Review report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid 7.5 mg #60 1 tab twice a day for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Fexmid 7.5 mg #60 tablet b.i.d. for 30 days is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain for short-term treatment of acute exacerbations in patients with chronic low back pain efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's diagnoses, noted on a September 26, 2014 progress note, are lumbosacral sprain/strain (MRI April 27, 2011) 2 to 3 mm disc bulge at L3 L4 and L5 S1. The second diagnosis appears to state DJD, history of rhizotomies at L3 L4 and L4 L5. The remainder of the progress note dated September 26, 2014 is largely illegible. Fexmid appears to have first been prescribed November 10 of 2014. The only prescription documented (or legible) in the medical record progress notes was Norco. Fexmid is a muscle relaxant indicated for short-term use (less than two weeks) treatment of acute low back pain or acute exacerbations in patients with chronic low back pain. The medical record documentation is largely illegible and the clinical indications are not clear. Additionally, the request for Fexmid included #60 tablets to be taken to BID 30 days. A two week supply would be appropriate, however, a 30 day supply exceeds the recommended guidelines. Consequently, absent the appropriate clinical documentation based on illegible handwriting, and the four-week supply (in excess of the recommended guidelines), retrospective Fexmid 7.5 mg #60 b.i.d. for 30 days is not medically necessary.