

Case Number:	CM14-0198915		
Date Assigned:	12/09/2014	Date of Injury:	08/28/2009
Decision Date:	02/10/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low pain reportedly associated with cumulative trauma at work between the dates of August 28, 2008 through August 28, 2009. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for Fexmid (cyclobenzaprine). The claims administrator did, however, approve gabapentin. The claims administrator based its decision on an RFA form received on November 10, 2014. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 29, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Acupuncture and a pain management consultation were endorsed. The applicant was working regular duty, it was suggested. The applicant was apparently asked to discontinue tramadol. Neurontin was endorsed on this date. Pain management consultation and additional acupuncture were also sought. There was no explicit mention of the applicants using cyclobenzaprine (Fexmid) on this date. Similarly, in another handwritten note dated September 9, 2014 was also notable for comments that the applicant had returned to regular duty work as of this point in time. Norflex and tramadol were endorsed on this date. On July 24, 2014, acupuncture was sought. The applicant was given prescriptions for Robaxin at this point. In a June 6, 2014 progress note, the applicant was described as using Naprosyn, Robaxin, diazepam, flunisolide nasal spray, Prilosec, Robaxin, Tenormin, and chlorthalidone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 18, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Functional Restoration Approach to Chronic Pain Management section Page(.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. Here, the applicant was/is using a variety of other agents at various points in time, including Neurontin, Tramadol, Naprosyn, Norflex, Robaxin, etc., at various points throughout 2014. Multiple handwritten progress notes, referenced above, contained no explicit references to usage of Fexmid (cyclobenzaprine). It is further noted that the 60-tablet supply of Fexmid (cyclobenzaprine) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, by per 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into its choice of pharmacotherapy. Here, the attending provider does not outline a clear rationale or compelling basis for provision of so many different muscle relaxants at various points in time, including Robaxin, Fexmid (cyclobenzaprine), and Norflex. Therefore, the request was not medically necessary.