

Case Number:	CM14-0204126		
Date Assigned:	12/16/2014	Date of Injury:	08/03/2000
Decision Date:	02/03/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, 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 patient sustained an injury on 8/3/2000 while employed by [REDACTED]. Request(s) under consideration include Fexmid 7.5mg #120. Diagnoses include lumbar disc displacement/ radiculopathy and left inguinal hernia. Conservative care has included medications, therapy, and modified activities/rest. The patient has been deemed P&S and continues to treat for chronic ongoing pain symptoms. Report from the provider noted continued lower back and left inguinal area pain. Medications were noted to be helpful. Medications list Ultram, Prilosec, Norco, Narcosoft, Fexmid, Doral, and topical compound cream. Exam showed unchanged findings of limited lumbar range with tenderness; positive SLR; tender left inguinal area with reducible hernia; 5/5 in bilateral upper and lower extremity strength with intact sensation and symmetrical DTRs. The request(s) for Fexmid 7.5mg #120 was non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Page(s): 128.

Decision rationale: This patient sustained an injury on 8/3/2000 while employed by [REDACTED]. Request(s) under consideration include Fexmid 7.5mg #120. Diagnoses include lumbar disc displacement/ radiculopathy and left inguinal hernia. Conservative care has included medications, therapy, and modified activities/rest. The patient has been deemed P&S and continues to treat for chronic ongoing pain symptoms. Report from the provider noted continued lower back and left inguinal area pain. Medications were noted to be helpful. Medications list Ultram, Prilosec, Norco, Narcosoft, Fexmid, Doral, and topical compound cream. Exam showed unchanged findings of limited lumbar range with tenderness; positive SLR; tender left inguinal area with reducible hernia; 5/5 in bilateral upper and lower extremity strength with intact sensation and symmetrical DTRs. The request(s) for Fexmid 7.5mg #120 was non-certified on 11/4/14. Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury of 2000. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic injury. The Fexmid 7.5mg #120 is not medically necessary and appropriate.