

Case Number:	CM15-0137481		
Date Assigned:	07/27/2015	Date of Injury:	05/02/2015
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 26 year old male sustained an industrial injury to the legs, knees and ankles after falling off a roof top on 5/2/15. The injured worker was seen in Emergency Department where x-rays and computed tomography of the lumbar spine, bilateral lower extremities, feet and ankles were obtained. Documentation did not disclose the results of diagnostic testing. The injured worker was prescribed medications. In an initial pain management consultation dated 5/18/15, the injured worker complained of pain in the neck rated 3-5/10 on the visual analog scale, left elbow rated 3-5/10, lumbar spine rated 5-6/10, bilateral hips rated 6-7/10, bilateral knees rated 7/10 and bilateral feet and ankles rated 7-8/10. The injured worker also complained of episodes of anxiety and stress due to pain and disability. The injured worker was diagnosed with status post fall, reported history of left ankle fracture, lumbar spine sprain/strain with radicular complaints, cervical spine sprain/strain with radicular complaints, bilateral knee contusion and left elbow contusion. The physician noted that until further study was done for the injured worker's residual complaints, the injured worker would be provided with Norco. The injured worker's other medications (Norflex and Anaprox) would not be refilled for one month. In a pain management follow-up report dated 6/15/15, the injured worker complained of worsening pain in the neck, low back and knees. The physician noted that the injured worker was benefitting from the use of Norco. The injured worker received a refill of Norco. In a PR-2 dated 6/24/15, the injured worker complained of continued pain over the dorsum of the foot as well as to the cervical spine, lumbar spine, elbow, left knee, bilateral ankles and left foot. Current diagnoses included cervical spine sprain/strain, lumbar spine radiculopathy, elbow sprain/strain, knee sprain/strain, ankle tendinitis and foot fracture. The treatment plan included prescriptions for Cymbalta and 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 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. The documentation submitted for review indicates that the injured worker was previously treated with Norflex. He reported little benefit, and Fexmid was to be tried. His care was transferred from [REDACTED] to [REDACTED] and Fexmid is no longer on the treatment plan. As the treating physician does not support the request, the request is not medically necessary.