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| Case Number: | CM15-0139004 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 03/10/2014 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 41 year old male, who sustained an industrial injury on 3-10-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar sprain-strain with bilateral lower extremity radiculopathy, lumbar stenosis, sacroiliac joint pain and hip sprain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-1-2015, the injured worker complains of itchiness with the use of Tylenol 33 and worsening pain rated 6-7 out of 10. Injured worker states the Fexmid allows for performance of activities of daily living and allows him to fall asleep at night. Physical examination showed lumbar tenderness and spasm. The treating physician is requesting Fexmid 7.5 mg #60.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient was injured on 03/30/14 and presents with lumbar spine pain and hip pain. The request is for FEXMID 7.5 MG #60. The RFA is dated 06/01/15 and the patient is on temporary total disability. The patient has been taking Fexmid as early as 03/09/15. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient has tenderness to palpation and spasm along the lumbar spine. He is diagnosed with lumbar sprain-strain with bilateral lower extremity radiculopathy, lumbar stenosis, sacroiliac joint pain, and hip sprain. The 06/01/15 report states that Fexmid allows for performance of ADLs and allows him to fall asleep at night. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking this medication as early as 03/09/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Fexmid IS NOT medically necessary.