

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0147916 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 03/17/2010 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old male, with a reported date of injury of 03-17-2010. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post lumbar spine fusion surgery at L4-5 and L5-S1. Treatments and evaluation to date have included acupuncture treatment, lumbar spine surgery, oral medications, home exercise program, and physical therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 03-18-2015, which showed postsurgical changes with posterior fixation, a 4mm broad midline disc protrusion at L3-4 with moderate degree of central canal narrowing, and multilevel facet arthropathy; and a urine drug test on 02-16-2015 with negative findings. The progress report dated 06-17-2015 indicates that the injured worker complained of low back pain with radiation to the left calf and numbness and tingling. It was noted that he completed eight sessions of acupuncture treatment with increased low back pain. The objective findings include a well-healed surgical scar; tenderness to palpation with spasm over the lumbar paraspinal musculature; positive straight leg raise test, showing radicular symptoms to the left knee; lumbar flexion at 40 degrees; lumbar extension at 15 degrees; right side bending at 20 degrees; left side bending at 17 degrees; pain on extension; and decreased sensation over the left S1 dermatomes. The injured worker's pain with medications was rated 4 out of 10, and his pain without medications was rated 7 out of 10. There were no adverse side effects noted. With medication, the injured worker's standing and walking ability increased from 1 hour to 3 hours; and his sitting ability had increased from 2 hours to 6 hours without having to stand. It was noted that the injured worker

was able to work with medications. The treatment plan included the refill of Fexmid. The injured worker's work status included return to usual and customary duties on 06-17-2015. There was documentation that the injured worker had persistent complaints greater than one year; and that there was failure to improve significantly with previous treatment including physical therapy, acupuncture, medications, and home exercise program. The treating physician requested Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid tablets 7.5mg qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medication is not recommended to be used for longer than 2-3 weeks. The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. The injured worker was first prescribed Fexmid on 02-16-2015. The request exceeds guideline recommendations. Therefore, the request for Fexmid is not medically necessary.