

Case Number:	CM15-0160818		
Date Assigned:	08/27/2015	Date of Injury:	09/27/2014
Decision Date:	09/29/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 09-27-2014 as a mechanic when the hood of a truck fell towards him knocking him to the ground. The injured worker was diagnosed with cervical, thoracic and lumbar spine musculoligamentous sprain and strain with radiculitis, right knee sprain and strain and depression. No surgical interventions were documented. Treatment to date has included diagnostic testing, chiropractic therapy, physical therapy, psychiatric evaluation and treatment and medications. According to the primary treating physician's progress report on June 19, 2015, the injured worker continues to experience neck and low back pain rated at 5 out of 10 on the pain scale and right knee pain at 4 out of 10. Examination of the cervical spine noted radiating pain in the bilateral C5 and C6 dermatomes with tenderness to palpation and spasm over the cervical paraspinal muscles. There was restricted range of motion with positive cervical compression test. The lumbar spine demonstrated radiating pain in the pattern of the bilateral L3 and L4 dermatome distribution with tenderness and spasm of the paraspinal muscles, restricted range of motion and positive bilateral straight leg raise. The right knee was tenderness to palpation and unchanged from the last visit. Sensation was diminished and motor strength was decreased to 4 out of 5 in the right lower extremity. Current medications were listed as Tramadol, Anaprox DS, Fexmid and Zolof. Treatment plan consists of acupuncture therapy, urine drug screening and the current request for Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg, quantity: 80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for several months in combination with Tramadol. Continued use of Fexmid is not medically necessary.