MAXIMUS Federal Services

Case Number:	CM15-0167816		
Date Assigned:	09/08/2015	Date of Injury:	03/18/2008
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 65 year old female, who sustained an industrial-work injury on 3-18-08. She reported initial complaints of pain in both knees and back. The injured worker was diagnosed as having internal derangement of both knees, discogenic lumbar condition with disc disease at T11 through S1, facet changes from L2 to S1, disc protrusion at L1 and L2, and chronic pain. Treatment to date has included medication, cortisone injections, diagnostics, physical therapy, and bracing. MRI results were reported on 5-29-13 demonstrated degenerative disc disease at T11-12 through L5-S1 except at T12-L1-2, which is adjacent to the ventral ramus of the left L1 nerve, correlating to possible radiculopathy at L1. MRI on 9-23-14 revealed disc desiccation from L2-3 to L5-S1 and disc bulges. Currently, the injured worker complains of knee pain and low back pain. Per the orthopedic qualified medical examiner report on 8-3-15, diagnostics report less than 5 mm articular surface bilaterally and disc bulging of the lumbar spine. Exam reports swelling in ankles and knees bilaterally, difficulty with standing or seated position, extension of 130 degrees bilaterally and flexion at 90 degrees on the right and 105 on the left, joint line pain, positive McMurray's and anterior drawer 1+ bilaterally, positive compression test. The requested treatments include Fexmid 7.5mg.

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 Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2008 and continues to be treated for low back and bilateral knee pain. In June 2015 Norflex was prescribed for muscle spasms. When seen, physical examination findings included difficulty when standing or sitting. There was decreased knee range of motion with joint line tenderness and positive McMurray's testing. Anterior drawer testing and compression testing was positive. Authorization for viscosupplementation injections for the knees continued to be requested. Flexeril was prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of intended use. There was no acute exacerbation and there were no muscle spasms recorded on examination. The request was not medically necessary.