

Case Number:	CM15-0169314		
Date Assigned:	09/10/2015	Date of Injury:	03/04/2014
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 43 year old male who sustained an industrial injury on 03-04-14. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral sprain and strain, as well as neck and thoracic sprain and strain. Medical records (07-21-15) indicate continued pain in the low back and right ankle. The physical exam (07-21-15) includes lumbar spine guarding and tenderness. Treatment has included medications. The treating provider indicates a planned epidural injection and an ankle injections, as well as prescriptions for Prilosec, Ultram Naprosyn, and fexmid. The original utilization review (08-06-15) noncertified the fexmid as the injured worker is no longer in the acute phase of his injury.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. In this case, the injured worker has chronic pain associated with the low back. There is no documentation of an acute exacerbation of pain. The request for Fexmid 7.5mg #60 is determined to not be medically necessary.