

Case Number:	CM15-0186348		
Date Assigned:	09/28/2015	Date of Injury:	09/04/2014
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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: Anesthesiology, 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 60 year old female, who sustained an industrial injury on 9-4-2014. The injured worker is undergoing treatment for: cervical spine sprain and strain, thoracic spine sprain and strain, and low back pain. On 7-16-15, she reported neck pain and stiffness rated 7 out of 10, thoracolumbar pain rated 9 out of 10, bilateral wrist pain rated 7 out of 10. Physical examination revealed tenderness, decreased range of motion and positive kemp's testing for the lumbar spine; swelling, tenderness and decreased range of motion of the bilateral wrists. Fexmid, Anaprox and Norco are reported to take her pain from a 9 out of 10 rating down to 7 out of 10 on a pain scale. She is noted to have 1-3 hour duration of pain relief with the use of these medications, and her activities of daily living go from 5-7 hours of standing and sitting time and improved home exercise participation. There are no noted aberrant behaviors. On 8-24-15, she reported low back pain rated 9 out of 10 that was described as constant, sharp, cramping, aching. Physical findings revealed tenderness in the low back; positive straight leg raise and kemp's testing, and a decreased range of motion of the low back are noted. The treatment plan included discontinuation of Neurontin and Cymbalta. The record does not discuss the efficacy of Fexmid, reduction of pain, or improved functional status with the use of Fexmid. The records are unclear regarding continued hypertonicity or muscle spasms. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (10-10-14), heat, chiropractic visits (at least 4 completed sessions), and home exercise program. Medications have included: Norco, Anaprox, Neurontin, and Flexeril (since at least June 2015, possibly longer). Current work status: temporarily totally disabled. The request for authorization is for: Fexmid 7.5mg two times a day quantity 60. The UR dated 9-10-2015: certified Norco 10-325mg every 12 hours as needed quantity 60, and Anaprox DS 550mg two times a day quantity 60; and non-certified Fexmid 7.5mg two times a daily quantity 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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Accordingly, to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.