

Case Number:	CM15-0192398		
Date Assigned:	10/06/2015	Date of Injury:	04/27/2010
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

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 (n) 65 year old male, who sustained an industrial injury on 4-27-10. The injured worker was diagnosed as having central canal stenosis C5-C7, L3-S1 degenerative disc disease, L4-S1 facet arthropathy, cervical radiculopathy and left knee degenerative joint disease. Medical records (2-27-15 through 6-25-15) indicated 2 out of 10 pain with medications and 2-4 out of 10 pain without medications. The physical exam (2-27-15 through 6-25-15) revealed no evidence of tenderness or spasms in the paracervical or paravertebral muscles, intact sensory to light touch and pin prick and decreased cervical and lumbar range of motion. As of the PR2 dated 8-28-15, the injured worker reports neck pain that radiates down the left upper extremity and lower back pain that radiates into the buttocks and left foot. He rates his pain 4-5 out of 10 without medications and 3 out of 10 with medications. Objective findings include no evidence of tenderness or spasms in the paracervical or paravertebral muscles, intact sensory to light touch and pin prick and decreased cervical and lumbar range of motion. There is no documentation of the injured worker sleep quality or sleep disturbances. Current medications include Lisinopril, Metformin, Fexmid (no previous prescriptions found) and Restoril (discontinued on 2-27-15 and restarted on 8-28-15). Treatment to date has included an H-wave unit, physical therapy to the cervical spine x 6 sessions, Ambien (started on 2-27-15) and Meloxicam. On 8-28-15 the treating physician requested a Utilization Review for Fexmid 7.5mg #90 x 1 refill and Restoril 30mg #30 x 1 refill. The Utilization Review dated 9-8-15, non-certified the request for Fexmid 7.5mg #90 x 1 refill and Restoril 30mg #30 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Restoril 30 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.

