

Case Number:	CM15-0197722		
Date Assigned:	10/13/2015	Date of Injury:	05/01/2014
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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 56-year-old female, who sustained an industrial injury on 5-1-14. The injured worker is being treated for lumbar spine musculoligamentous strain-sprain with radiculitis, right hip strain-sprain, right hip internal derangement, right hip osteoarthritis, right knee strain-sprain, right ankle strain-sprain, right foot plantar fasciitis and medication related allergy. Treatment to date has included acupuncture (helped to decrease pain and tenderness), chiropractic treatment (helped to decrease pain and tenderness), activity modifications and oral medications including Anaprox DS and Omeprazole. On 7-17-15 she complained of pain in low back, right hip, right knee and right ankle-foot that had increased from previous visit and on 8-26-15, the injured worker complains of pain in lower back rated 5-6 out of 10 (decreased from 7 out of 10 previous visit), right hip rated 8-9 out of 10 (unchanged from previous visit), right knee rated 0-1 out of 10 (decreased from 7 out of 10 previous visit) and right ankle-foot 0-1 out of 10 (decreased from 6-7 out of 10 from previous visit). Disability status is noted to be temporarily very disabled. Physical exam performed on 8-26-15 revealed tenderness to palpation over paraspinal muscles (decreased from previous visit) with restricted range of motion, tenderness to palpation of right hip, (unchanged) with restricted range of motion, tenderness to palpation over right knee (which has decreased since previous visit), tenderness to palpation of right and right foot (which has decreased since previous visit). The treatment plan included continuation of acupuncture therapy, prescriptions for Anaprox DS, Fexmid 7.5mg #90 and topical FLURBI cream, urine toxicology screen and pending consultation with hip replacement specialist. On 9-17-15 request for Fexmid 7.5mg #90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Duration Guidelines (ODG), Treatment in Workers Compensation, 2015 web-based edition.

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. In addition, 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 back 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.