

Case Number:	CM15-0198159		
Date Assigned:	10/13/2015	Date of Injury:	02/25/2013
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California
 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 62 year old male who sustained an industrial injury 02-23-15. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar spine sprain-strain, bilateral sacroiliac joint sprain, and urinary stress. Medical records (08-18-15) reveal the injured worker complains of neck and back pain which are not rated. The physical exam (08-18-15) reveals diminished range of motion in the cervical and lumbar spines, as well as spasms and guarding in the cervical and lumbar spines. Prior treatment includes medications including Sonata, Fexmid, Norco, Voltaren, Naprosyn, Robaxin, Viibryd, Ativan, Risperdal, Neurontin, gabapentin, Tylenol #3, physical therapy, chiropractic care, and psychotherapy. The original utilization review (09-29-15) non certified the request for Fexmid 7.5mg #60. The documentation supports that Fexmid was discontinued on 02-13-14.

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: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on muscle relaxants for years including prior use of Norflex since 2007. Continued use of Fexmid is not medically necessary.