

Case Number:	CM15-0209582		
Date Assigned:	11/24/2015	Date of Injury:	01/20/2009
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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 58 year old male, who sustained an industrial injury on 1-20-09. Medical records indicate that the injured worker is undergoing treatment for right lumbosacral spine facet syndrome, myofascial pain syndrome and lumbar spine strain. The injured worker is currently working with restrictions. On (6-2-15) the injured worker was noted to have had a rhizotomy 5 weeks prior with 80% relief of pain. The injured worker reported right sacroiliac joint pain. Examination was positive for right sacroiliac joint tenderness, spasms and a decreased range of motion of the back. The referenced note was handwritten and difficult to decipher. Treatment and evaluation to date has included medications, urine drug screen, MRI of the lumbar spine, lumbar medial branch block and right knee surgery on 4-20-15. Current medications include Naproxen, omeprazole, Neurontin and Flexeril (since June of 2015). The current treatment requests are for Fexmid 7.5 mg #90- 3 bottles and Fexmid 7.5mg. The Utilization Review documentation dated 19-20-15 non-certified the requests for Fexmid 7.5 mg #90- 3 bottles and Fexmid 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg Qty 90, 3 bottles: Upheld

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

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

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. In this case, the injured worker has been prescribed Fexmid since July, 2015 without objective evidence of functional improvement. Additionally, this medication is being used in a chronic nature and this request for 90 tablets implies continued chronic use. 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. The request for Fexmid 7.5 mg Qty 90, 3 bottles is determined to not be medically necessary.

Fexmid 7.5 mg: Upheld

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

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

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