

Case Number:	CM15-0020612		
Date Assigned:	02/10/2015	Date of Injury:	02/25/2013
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/04/2015

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: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 02/25/2013. He has reported low back pain. The diagnoses have included musculoligamentous sprain/ strain lumbar spine; and degenerative disc disease with herniated nucleus pulposus at L4-L5 with progressive deficits. Treatments have included medication, physical therapy, home exercise program. Medications have included Tramadol, Cyclobenzaprine, Naproxen, and Norco. Surgical intervention has included an anterior lumbar decompression and fusion, performed on 04/22/2014. Currently, the IW complains of pain and muscle spasms in the low back; pain is rated at 7/10 on the visual analog scale without medications, and 4/10 with medications; and spasms are improved with the muscle relaxer. A progress note from the treating physician, dated 01/21/2015, reported objective findings to include minimal lumbar tenderness though he has spasms; and straight-leg raise is negative. The treatment plan included prescriptions for medications including Naproxen, Cyclobenzaprine, and Norco. On 01/30/2015 Utilization Review noncertified a prescription for Fexmid Cyclobenzaprine 7.5 mg #60. The CA MTUS was cited. On 02/02/2015, the injured worker submitted an application for review of Fexmid Cyclobenzaprine 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-66.

Decision rationale: The patient presents with mild low back pain rated at 7/10 without and 4/10 with medications. The request is for FEXMID CYCLOBENZAPRINE 7.5MG #60. The request for authorization is dated 12/16/14. The patient is status-post low back surgery 04/22/14. X-ray of the lumbar spine 03/25/13 shows disc space narrowing L4-5 and L5-S1. MRI of the lumbar spine 03/26/14 shows DDD with HNP L4/5 diffuse DDD. X-ray of the lumbar spine 02/24/14 shows motion at L4/5 over 5mm. MRI of the lumbar spine 03/17/14 shows large central disc herniation, L4-5. Patient's medications include Naproxen, Cyclobenzaprine, Norco and Tramadol. Patient is not working. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 03/04/15, treater's reason for the request is "to use PRN muscle spasm and for pain relief. The patient has found these helpful in the past in decreasing muscle spasms." MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has been prescribed Fexmid since at least 08/27/14. The request for Fexmid #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore the request IS NOT medically necessary.