MAXIMUS Federal Services

Case Number:	CM15-0020764		
Date Assigned:	02/10/2015	Date of Injury:	09/19/2013
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female with a reported date of injury on 09/19/2013; the mechanism of injury is not provided for review. The injured worker's diagnoses include multilevel cervical stenosis and sprain of the cervical/thoracic spine. The injured worker has been treated with conservative methods to include chiropractic treatment, trigger point injections, and activity restrictions. An MRI was performed on 04/26/2014 which was noted to reveal disc bulge at C4-5; disc bulge at C3-4 with mild stenosis; and mild stenosis at the C5-6 level. A progress report dated 12/23/2014 noted the injured worker was noted to have 50% to 60% improvement following a right upper trapezoid trigger point injection performed on 10/02/2014. However, the injured worker was also noted to still have complaints of neck pain and stiffness as well as limited range of motion. On physical examination, it was noted there was tenderness with muscle guarding to the bilateral upper trapezius, paravertebral, and suboccipital musculature. It was also noted there was a positive compression and distraction testing. Range of motion of the cervical spine was restricted. The deep tendon reflexes were graded 1+ and the motor strength was measured 5/5 bilateral upper extremities. Under the treatment plan it was noted the physician was recommending a pain management consultation for consideration of cervical spine epidural steroid injection and it was noted the injured worker was given a prescription for cyclobenzaprine 7.5 mg taken twice a day #60 for treatment of spasm in order to resume activity and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines continue to state that efficacy of this medication appears to diminish over time and prolonged use of this medication may lead to dependency. Therefore, the medication is not recommended to be used for longer than 2 to 3 weeks. It was noted in the documentation provided that the injured worker experienced 50% to 60% improvement following a trigger point injection performed on 10/02/2014; there is no indication that an exacerbation of low back pain has occurred. Additionally, the prescription as provided exceeds the recommendation of use no longer than 2 to 3 weeks. Therefore, the request for Fexmid 7.5 mg, sixty count is not medically necessary.

One pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, April 27, 2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The California MTUS/ACOEM Guidelines do not address pain consults. However, the Official Disability Guidelines state that consultation may be recommended if it is considered medically necessary. The documentation provided indicates that the pain consultation was for the consideration of the cervical spine epidural steroid injection. However, there is no symptomatology or clinical exam findings noted within the documentation that would support the medical necessity of an epidural steroid injection of the cervical spine. Therefore, the medical consult is considered not medically necessary at this time.