

Case Number:	CM15-0020828		
Date Assigned:	02/10/2015	Date of Injury:	04/04/2013
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
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 51 year old female who sustained an industrial injury on 4/4/13 when she was bumped by a co-workers chair and knocked partially over by the blow of the chair to her back. She experienced a flare-up of her previous pain and symptoms in her neck, left shoulder, left upper extremity, hand, wrist, low back, right hip and knee. Of note, on 1/5/12 she had a trip and fall involving her left hand, wrist, left upper arm, left shoulder and neck. She is currently complaining of low back pain radiating to the right leg. Medications include Norco, Fexmid and Colace. Diagnoses are right hip contusion/ strain; right knee sprain with small ganglion cyst and chondromalacia; negative diagnostic ultrasound (7/20/13); lumbar spine musculoligamentous sprain/ strain with disc desiccation with 5 millimeter disc protrusion with stenosis at L5-S1 per MRI (6/8/13). Past treatment included aqua therapy, cervical epidural injection, left wrist brace; currently physical therapy and aqua therapy. Diagnostics included past numerous x-rays and MRI scans to the above mentioned areas from the 2012 incident; electrodiagnostic testing of the bilateral upper extremities, acupuncture. Progress note dated 1/8/15 indicates the treating provider continues to prescribe Fexmid to treat spasms so the injured worker can resume activities and function. On 1/28/15 Utilization Review non-certified the request for Fexmid 7.5 mg # 60 citing MTUS: Chronic pain Medical treatment Guidelines: Muscle Relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64-66.

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

Decision rationale: The patient is a 52 year old female who presents with unrated lower back pain which radiates to the right leg. The patient's date of injury is 04/04/13. Patient has no surgical history directed at this complaint. The request is for FEXMID 7.5MG QTY:60. The RFA is dated 01/08/15. Physical examination dated 01/08/15 reveals antalgic gait, moderate tenderness to palpation of the lumbar paraspinal muscles bilaterally with spasms noted, positive straight leg raise test bilaterally, and painful/reduced range of motion in all planes. Neurological examination reveals decreased sensation to the L5 and S1 dermatomes on the right. The patient is currently prescribed Norco, and Colace. Diagnostic imaging was not included, though progress note dated 01/08/15 references undated lumbar MRI showing: "Disc desiccation and five millimeter disc protrusion at L5-S1 with stenosis, and four millimeter listhesis of L4 on L5 with stenosis." Patient's current work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." In regards to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. Provided documentation shows that this medication was initiated on 01/08/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets of does not imply short duration therapy. Therefore, the request IS NOT medically necessary.