

Case Number:	CM15-0028301		
Date Assigned:	02/20/2015	Date of Injury:	05/25/2012
Decision Date:	03/31/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/16/2015

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 48 year old male, who sustained an industrial injury on May 25, 2012. He has reported lower back pain. The diagnoses have included lumbar spine sprain and cervical spine sprain/strain. Treatment to date has included medications, physical therapy, home exercise and imaging studies. A progress note dated November 25, 2014 indicates a chief complaint of lower back pain with moderate numbness and tingling of the bilateral lower extremities. Physical examination showed lumbar spine tenderness with decreased range of motion and sensation, positive straight leg raises, and cervical spine tenderness with decreased range of motion. The treating physician is retroactively requesting a prescription for Fexmid. On February 3, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 16, 2015, the injured worker submitted an application for IMR for review of a prescription for Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective fexmid 7.5mg quantity 60 (DOS: 01/06/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Cyclobenzaprine.

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

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 (previously Norflex and currently Fexmid) for several months in combination iwth Norco. Continued and long-term us of muscle relaxants including Fexmid is not medically necessary.