

Case Number:	CM15-0211472		
Date Assigned:	10/30/2015	Date of Injury:	07/27/2009
Decision Date:	12/11/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old male, who sustained an industrial injury on 7-27-09. Medical records indicate that the injured worker is undergoing treatment for myofascial pain, lumbar radiculopathy and lumbar spine strain. The injured worker is able to work with restrictions. The injured workers current work status was not identified. On (7-15-15) the injured worker complained of increased back pain with associated numbness and spasm. Examination of the lumbar spine revealed a positive right straight leg raise, decreased sensation in the right foot and spasms over the right paraspinal muscles. Range of motion was decreased by 70 percent in all planes. Treatment and evaluation to date has included medications, a urine drug screen and a home exercise program. Current medications include omeprazole, Gabapentin, LidoPro 4% ointment, Diclofenac Sodium ER, Neurontin and Fexmid (start date not provided). The current treatment request is for Fexmid (Flexeril) 7.5mg #90 with 3 refills. The Utilization Review documentation dated 10-19-15 non-certified the request for Fexmid (Flexeril) 7.5mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Flexeril) 7.5mg #90 (refills: 3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid (Flexeril) 7.5mg #90, three refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are myofascial pain syndrome chronic; lumbar spine strain chronic; and right lumbosacral radiculopathy chronic. Date of injury is July 27, 2009. Request authorization is October 14, 2015. The medical record contains 22 pages. The utilization reviewer states Fexmid was prescribed as far back as October 9, 2013. According to the single progress note in the medical record dated July 15, 2015, subjective complaints include increased low back pain with spasm. The injured worker ran out of medications. Objectively, there is positive straight leg raising and spasm at the lumbar region. Fexmid is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain. There is no documentation of an acute exacerbation of chronic low back pain. The guidelines recommend short-term (less than two weeks) use. Treating provider has continued Flexeril in excess of 24 months. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued in excess of 24 months (guidelines recommend less than two weeks) and no documentation of acute low back pain or an acute exacerbation of chronic low back pain, Fexmid (Flexeril) 7.5mg #90, three refills is not medically necessary.