

Case Number:	CM15-0211989		
Date Assigned:	10/30/2015	Date of Injury:	01/29/2014
Decision Date:	12/14/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/28/2015

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: Preventive Medicine, Occupational 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 60 year old female who sustained an industrial injury on January 29, 2014. The patient is noted being retired from work. The worker is being treated for: lumbago with facet arthropathy, history of right S1 L5 radiculopathy, and low back pain with sciatica. Subjective: July 01, 2015 she reported complaint of band like low back pain with a deep ache. She is currently not working. September 23, 2015 she reported chief complaint of "band like back pain rated a "6" intensity level out of 10. The pain is constant and that "nothing really makes it better." The Tylenol #4 was "too sedating," even more so than the Norco 10mg 325mg. Objective: February 26, 2015 noted positive for joint pain, muscle spasm, sore muscles. July 01, 2015 noted parathoracic palpation from T1 through T12 "shows no areas of tenderness or spasm." September 23, 2015 noted increased tone in the bilateral thoracic paravertebral muscles. There is pain noted on extension of the lumbar spine localized over the L3 through S1 facet joints. The lumbar spine ROM is restricted. July 01, 2015, September 23, 2015 noted positive for frequent indigestion and reflux. Diagnostic: MRI lumbar spine. Medication: February 26, 2015: Neurontin 600mg, Flexeril, and Gabapentin. July 01, 2015: Tylenol with Codeine #4 will be changed to #90 with every eight hour dosing. September 23, 2015: prescribed Norco and will change prescription in one month for Tylenol #3. Relafen also prescribed this visit. Treatment: pain management, lumbar facet injection, home exercise program, date unknown but prior to December 2014 administration of transforaminal steroid injection and January 16, 2015 administration of ESI that resolved complaint of numbness, tingling and weakness in left leg, and third ESI administered march 17, 2015 which had resolved the radicular component of pain

through July 01, 2015; activity modification, TENS unit, interferential unit, 6 sessions of acupuncture. On September 29, 2015 a request was made for Fexmid 7.5 mg #60 that was noncertified by Utilization Review on October 06, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid tab 7.5mg #60: 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): Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Muscle relaxants are recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Fexmid is greatest in the first four days of treatment. Muscle relaxants are associated with drowsiness and dizziness. Chronic use of muscle relaxants may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. In this case, the injured worker has been prescribed muscle relaxants since February, 2015 which is not supported by the guidelines. This request for 60 tablets of Fexmid implies continued chronic use. The request for Fexmid tab 7.5mg #60 is determined to not be medically necessary.