

Case Number:	CM15-0221509		
Date Assigned:	11/17/2015	Date of Injury:	02/23/2013
Decision Date:	12/24/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 37 year old female who sustained an industrial injury on 2-23-13. A review of the medical records indicates that the worker is undergoing treatment for cervical disc disease, cervical radiculopathy, status post lumbar laminectomy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Subjective complaints (10-2-15) include cervical spine pain rated at 5 out of 10, with tingling, pins and needles, radiating to the bilateral shoulders left greater than right down to the hands with a weakness sensation, headaches, and lumbar spine pain rated at 7 out of 10 with radiation to the bilateral legs down to the toes with a numbness sensation. Objective findings (10-2-15) include a wide based gait, difficulty performing heel-toe walk secondary to low back pain, cervical spine decreased lordosis, moderate cervical paraspinal muscle tenderness and spasm in bilateral trapezii, positive axial compression, positive Spurling's sign, facet tenderness to palpation at C4-C7 levels, flexion of 20 degrees, extension of 50 degrees, decreased sensation in C5-C6 dermatomes bilaterally, diffuse lumbar paraspinal muscle tenderness, and moderate facet tenderness at L4-S1. Kemp's test is positive right and left, seated straight leg raise is 60 degrees and supine straight leg raise is 50 degrees, Farfan test is positive right and left and lumbar spine range of motion in degrees is: lateral bending of 20, flexion of 60, and extension of 10. An MRI of the cervical spine (9-29-15) shows "a 1-mm disc herniation at C4-C5 and C5-C6." Current medications are Lidoderm patches and Megestrol. It is noted lumbosacral spine surgery has been recommended, but the worker would like to hold off on it at the present time. Previous treatment includes medication, physical therapy, ice, heat, massage, chiropractic treatments, and lumbar laminectomy (2009). The treatment plan notes starting Tramadol ER 150mg 1 twice a day #60, Fexmid 7.5mg

1 twice a day #60, Motrin 800mg 1 twice a day #60, and Lidoderm patches 1 transdermally every 12 hours on and 12 hours off #30. The requested treatment of Fexmid 7.5mg 1 tablet twice a day #60 was non-certified on 11-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg one tablet twice a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case, there is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. Per CA MTUS guidelines, there is no indication for the prolonged use of a muscle relaxant. Thus, the prescription is not medically necessary and the recommendation is for non-certification.