

Case Number:	CM15-0221591		
Date Assigned:	11/17/2015	Date of Injury:	11/20/2013
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60 year old male, who sustained an industrial injury on 11-20-2013. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain-strain with left lower extremity radiculitis, right sacroiliac joint sprain -strain, bilateral hip sprain, and internal medicine and psychiatric complaints - differed. On medical records dated 09-16-2015, the subjective complaints were noted as low back pain radiating to the bilateral lower extremities. Objective findings were noted as lumbar spine tenderness to palpation with spasm was present over the lumbosacral paravertebral musculature, lumbosacral junction and bilateral sacroiliac joints, notches-facets. Straight leg raise was positive on the left with radicular component to the foot and on the right with radicular component the thigh. Kemps test was positive and sensation was decreased in the left lower extremity along the L5 and S1 dermatomes. Bilateral hips revealed tenderness to palpation was present over the hip joints, Fabere's test elicits increased low back pain and gait was noted as slow and guarded. Treatment to date included medication. Current medications were listed as Fexmid. The Utilization Review (UR) was dated 10-22-2015. A Request for Authorization was dated 09-16-2015. The UR submitted for this medical review indicated that the request for 1 prescription of Fexmid 7.5 mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in November 2013 when he slipped and fell backwards from a trailer bed. Treatments included 12 physical therapy sessions, medications which caused gastritis, and injections without benefit. An MRI of the lumbar spine showed findings of lumbar spondylosis with a left L4/5 disc herniation. Surgery was recommended. In April 2015, Tylenol #3 and Fexmid were prescribed. When seen in September 2015 he had constant radiating low back pain into both lower extremities, which was rated at 8-9/10. Physical examination findings included lumbar tenderness with spasms. There was lumbosacral junction, bilateral sacroiliac joint, and sciatic notch and facet tenderness. Kemp's testing was positive. Straight leg raising was positive and there was decreased left lower extremity sensation. There was left hip joint tenderness and he had increased low back pain with Fabere testing. He had a slow and guarded gait. Fexmid was continued. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.