

Case Number:	CM15-0222316		
Date Assigned:	11/18/2015	Date of Injury:	10/17/2008
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 44 year old male, who sustained an industrial injury on 10-17-2008. The injured worker is undergoing treatment for lumbar sprain with bilateral lower extremity radiculitis, left shoulder impingement. On 8-19-15, he rated his pain with medications 3 out of 10, and without medications 6 out of 10, with duration of relief noted as 4 hours with the use of tramadol, and cyclobenzaprine. He reported low back pain rated 5 out of 10, and left shoulder pain rated 6 out of 10. On 9-29-15, his activities of daily living are reported as "better able to do" things such as housework, and self-care. He reported low back pain with numbness and tingling of bilateral lower extremities, and left shoulder pain. His pain is not rated. Other complaints are noted to include fatigue, weight loss, chest pain, nausea, heartburn, joint pain, muscle spasm, sore muscles, and anxiety. Objective findings revealed tenderness and spasm in the bilateral paravertebral muscles, positive straight leg raise testing on the right, hypoesthesia to right L5 dermatome, decreased lumbar range of motion, tenderness in the left shoulder region, positive testing for impingement and cross arm, and decreased left shoulder range of motion. The treatment and diagnostic testing to date has included: medications, MRI of the lumbar spine (10-12-15), home exercise program, home interferential unit. Medications have included: Fexmid, omeprazole, tramadol. The records indicate he has been utilizing Fexmid since at least may 2015, possibly longer. Current work status: He is noted as able to work. The request for authorization is for: Fexmid 7.5mg quantity 60. The UR dated 10-20-2015: non-certified the request for Fexmid 7.5mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg Qty 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): Muscle relaxants (for pain).

Decision rationale: The requested Fexmid 7.5 mg Qty 60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with numbness and tingling of bilateral lower extremities, and left shoulder pain. His pain is not rated. Other complaints are noted to include fatigue, weight loss, chest pain, nausea, heartburn, joint pain, muscle spasm, sore muscles, and anxiety. Objective findings revealed tenderness and spasm in the bilateral paravertebral muscles, positive straight leg raise testing on the right, hypoesthesia to right L5 dermatome, decreased lumbar range of motion, tenderness in the left shoulder region, positive testing for impingement and cross arm, and decreased left shoulder range of motion. The treatment and diagnostic testing to date has included: medications, MRI of the lumbar spine (10-12-15), home exercise program, home interferential unit. Medications have included: Fexmid, omeprazole, tramadol. The records indicate he has been utilizing Fexmid since at least May 2015, possibly longer. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5 mg Qty 60 is not medically necessary.