

Case Number:	CM15-0034951		
Date Assigned:	03/03/2015	Date of Injury:	03/04/1997
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 3/04/1997. The diagnoses have included laminectomy syndrome, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. Treatment to date has included ice application, medications, diagnostic imaging and activity modification. Currently, the IW complains of a flare up of dull, achy, sharp low back pain rated as 6/10. The pain was moderate and frequent. Medication decreases pain level to 2/10 for 5 hours. Objective findings included spasm to the lumbar spine with a positive Kemp's test and straight leg raise test. On 2/05/2015, Utilization Review non-certified a request for Fexmid 7.5mg #60 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 2/24/2015, the injured worker submitted an application for IMR for review of Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Fexmid 7.5mg dispensed 1/14/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and the prolonged use of Fexmid 7.5mg #60 is not justified. The request is not medically necessary.