

Case Number:	CM15-0038155		
Date Assigned:	03/06/2015	Date of Injury:	02/13/2007
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 63-year-old female; with a reported date of injury of 02/13/2007. The diagnoses include lumbar spine strain/sprain. Treatments have included home exercise program and oral medication. The progress report dated 01/15/2015 was handwritten and somewhat illegible. The report indicates that the injured worker complained of right knee, neck, and low back pain. She rated her pain 4 out of 10 with medications and 8 out of 10 without medications. The objective findings included a positive right straight leg raise test. The treating physician requested Fexmid 75mg #60 and one pain management consultation for a lumbar facet block. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Fexmid to other agents is not recommended. The claimant had been on Fexmid for an unknown length of time in combination with Norco. The claimant was continued on it for another month and response to medication was not documented. The Fexmid is not justified and not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorders Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Low back chapter and facet blocks and - pg 35Pain chapter and office visits.

Decision rationale: According to the ODG guidelines, facet blocks are recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy. At this point the future plan of care cannot be determined until a consultation is obtained from a pain specialist. The claimant has had numerous interventions, persistent pain and seeks further intervention. The request for a pain consultation is appropriate and medically necessary.