

Case Number:	CM15-0049481		
Date Assigned:	03/23/2015	Date of Injury:	04/30/2009
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 65 year old male who sustained a work related injury on April 30, 2009, incurring injuries to his back. He was diagnosed with lumbar spine sprain and strain, degenerative disc disease, lower extremity radiculopathy, and left sacroiliac joint osteoarthritis. Treatment included home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) unit, bracing, muscle relaxants and pain medications. Magnetic Resonance Imaging (MRI) revealed lumbar disc bulging. Currently, the injured worker complained low back pain with loss of motion and increased pain on prolonged sitting and standing. The treatment plan that was requested for authorization included a prescription for Fexmid, a muscle relaxant.

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 Cyclobenzaprine (Fexmid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 04/30/2009 and presents with low back pain with loss of motion and increased pain on prolonged sitting and standing. The request is for Fexmid 7.5 mg #60. There is no RFA provided and the patient is currently not working. The patient has been taking Fexmid as early as 01/20/2015. MTUS pages 63-66 states, "Muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has spasm, numbness, and a limited range of motion. The 02/13/2015 report states that the patient "reported that his medications provided with significant relief." The patient rates his pain as a 7-8/10 without medications and a 4-5/10 with medications. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In this case, the patient has been taking Fexmid as early as 01/20/2015, which exceeds the 2 to 3-week limit recommended by MTUS Guidelines. Therefore, the requested Fexmid IS NOT medically necessary.