MAXIMUS Federal Services

Case Number:	CM15-0053692		
Date Assigned:	03/27/2015	Date of Injury:	08/30/2005
Decision Date:	05/04/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York
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 43-year-old male, who sustained an industrial injury on 8/30/05. He reported initial complaints and treatment were for low back pain radiating to the legs. The injured worker was diagnosed as having post laminectomy syndrome-lumbar; lumbar discopathy/facet arthropathy. Treatment to date has included status post left lumbar hemilaminectomy, partial medial facetectomy/discectomy L5-S1 (9/20/2007); lumbar spine MRI (5/14/08); MRI lumbar (8/19/09); EMG/NCV (3/3/2009); drug screening for medical management; medications. Currently, the PR-2 notes dated 2/3/15, the injured worker presents of medications re-evaluation with primary complaints of low back pain that has not changed and constipation with medication use. The current treatment plan includes drug screen for compliance and medication regime that includes Fexmid 7.5mg #60.

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 Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The use of Fexmid is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. It is not recommended beyond 2-3 weeks of use, which the patient has exceeded. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is on an opiate and muscle relaxant, which may compound the adverse effects of drowsiness and dizziness. There are no statements documenting objective improvement in function while using his medications. Therefore, continued use is considered not medically necessary.