MAXIMUS Federal Services

Case Number:	CM15-0084381		
Date Assigned:	05/06/2015	Date of Injury:	07/09/2005
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/01/2015

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, Pain Management

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 29-year-old female, who sustained an industrial injury on 7/09/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower limb. Treatment to date has included diagnostics, home exercise, and medications. Magnetic resonance imaging of the lumbar spine (1/05/2015) was submitted, noting disc bulges at L4-5 and L5-S1, with questionable impingement on the descending left S1 nerve root. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of pain in her left lower extremity and low back, rated 7-8/10, and same since last exam. She also reported numbness and tingling to her left lower extremity that increased with walking for one block. A review of symptoms included muscle spasm. Her work status was total temporary disability. Urine toxicology testing was not noted. Exam of the lumbar spine noted tenderness, decreased range of motion with increased pain, decreased sensation along the left L5 and S1 dermatomes, and positive left straight leg raise test. Current medication was noted as Zanaflex, Cymbalta, Dilaudid, Topamax, Fentanyl, Gabapentin, and Flexaril. Valium and Xanax were documented as discontinued. Functional benefits of medication included improved activities of daily living, improved participation in home exercise program, and improved sleep pattern. The treatment plan included medications, cognitive behavioral therapy, and follow-up. The use of muscle relaxants was noted since at least 9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 10 mg Qty 30: Upheld

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

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

Decision rationale: Regarding the request for Fexmid (cyclobenzaprine), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, the patient is using both Zanaflex and Fexmid at the same time without clear indication why both are medically necessary. Additionally, it does not appear that the patient is using muscle relaxants for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.