

Case Number:	CM14-0111032		
Date Assigned:	08/01/2014	Date of Injury:	01/21/2011
Decision Date:	09/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male injured on 01/21/11 due to an undisclosed mechanism of injury. Diagnoses include bilateral upper extremity radiculopathy, lumbar myoligamentous with associated bilateral lower extremity radicular symptoms, lumbar facet syndrome, and chronic nausea and vomiting, left submandibular myoligamentous injury/inflammation, medication induced gastritis, and hypertension poorly controlled and industrial related. The clinical note dated 04/28/14 indicated the injured worker presented complaining of low back pain with persistent radicular symptoms to the bilateral lower extremities limiting his mobility and activity tolerance. The injured worker rated the pain at 5/10 with the use of medication. The injured worker reported current medical regimen enabled him to perform simple chores around the home with less pain. The injured worker requesting additional trigger point injections due to 50% decrease in pain for approximately 1 week enabling him to sleep better at night. The documentation indicated the injured worker continued to complain of neck pain with associated cervicogenic headaches manageable with oral analgesic medications. Physical examination of the cervical spine revealed tenderness to palpation with increased muscle rigidity, numerous trigger points palpable and tender throughout the posterior cervical musculature, upper trapezius, and medial scapular region, decreased range of motion. Examination of the bilateral shoulders revealed limited range of motion, global weakness in the upper extremities, deep tendon reflexes 2+ to the bilateral upper extremities, decreased sensation in the posterolateral arms and lateral forearms bilaterally in the proximal C5-6 distribution. Examination of the lumbar spine revealed tenderness to palpation in the posterior lumbar musculature bilaterally and increased muscle rigidity as well as trigger points, decreased range of motion, and deep tendon reflexes 2/4 in the patella bilaterally and 1/4 in the Achilles bilaterally, sensation decreased along the posterolateral thighs and lateral calves bilaterally, straight leg raise positive bilaterally, guarding with straight

leg raise, and motor examination decreased in the lower extremities. Medications included Norco, Ultram, Anaprox, Fexmid, Protonix, Topamax, Sonata, Lisinopril, HCTZ, and Prilosec. The initial request for Fexmid 7.5mg #60 was initially non-certified on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlexMid 7.5 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of FexMid 7.5 Mg #60 is not medically necessary.