

Case Number:	CM14-0162820		
Date Assigned:	10/08/2014	Date of Injury:	01/18/2007
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 50-year-old female who reported an injury on 01/18/2007. The mechanism of injury was not included. The diagnoses included left medial meniscal tear and chondromalacia patella, status post left knee surgery times 3, low back pain as a compensable consequence, and cervical disc herniation at C5-6. The past treatments were not included. MRIs of the left knee, dated 03/26/2014, noted a medial meniscal tear and chondromalacia patella, MRI of the cervical spine, dated 11/08/2012, noted C5-6 disc herniation, and MRI of the lumbar spine, dated 06/12/2013, was noted to be within normal limits. An x-ray of the lumbar spine, dated 06/12/2013, was reported to reveal mild scoliosis without instability. The progress note, dated 08/15/2014, noted the injured worker complained of pain, rated 6/10, to her left knee and ankle. The injured worker reported the medications help, and she was requesting refills. The physical examination noted a normal reflex, sensory, and power testing to her bilateral upper and lower extremities, a negative straight leg raise test bilaterally, normal gait, normal heel and toe walking, mild cervical and lumbar tenderness, lumbar spine range of motion decreased 20%, and a positive Spurling's sign on the left side. Medications were not listed. The treatment plan requested to refill Fexmid to use as needed for muscle spasms and pain relief, and tramadol ER as a long acting, less addictive pain reliever to decrease the use of opiates. The Request for Authorization form was submitted for review on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Fexmid 7.5mg #60 (dispensed on 8/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Antispasmodics, Page(s): 64.

Decision rationale: The request for Refill Fexmid 7.5mg #60 (dispensed on 8/15/14) is not medically necessary. The injured worker had pain to her left knee and ankle, rated 6/10. The California MTUS Guidelines recommend cyclobenzaprine, or Fexmid, for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Their efficacy appears to diminish over time, and prolonged use may lead to dependence. Dosing recommendation is for 5 mg 3 times a day, and can then be increased to 10 mg 3 times a day. The addition of Flexeril to other agents is not recommended. The 7.5 mg dose requested exceeds the recommendation for initial dosing, and the amount supplied may extend past the recommended 2 to 3 week course of treatment. The intended frequency of the medication was not included to establish medical necessity. There was no indication of spasm on the physical examination. It is unclear how long the injured worker has been using Fexmid, and there is no documentation of the efficacy of the medication. Given the above, the continued use of Fexmid is not supported at this time. Therefore, the request is not medically necessary.