

Case Number:	CM14-0166756		
Date Assigned:	10/14/2014	Date of Injury:	05/21/1999
Decision Date:	11/14/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

According to the records made available for review, this is a 66-year-old female with a 5/21/99 date of injury. At the time (9/10/14) of request for authorization for Fexmid 7.5 mg #60, there is documentation of subjective (ongoing and debilitating neck pain radiating to upper extremities) and objective (tenderness over the bilateral posterior cervical musculature, palpable numerous trigger points, decreased range of motion, and decreased sensation along the right upper extremity and left lateral forearm) findings, current diagnoses (cervical spinal stenosis with bilateral upper extremity radiculopathy and associated cervicogenic headaches), and treatment to date (medications (including ongoing treatment with Norco and Fexmid since at least 1/23/14)). There is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #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 (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of cervical spinal stenosis with bilateral upper extremity radiculopathy and associated cervicogenic headaches. In addition, given documentation of ongoing treatment with opioid, there is documentation of Fexmid used as a second line agent. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Fexmid since at least 1/23/14, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5 mg #60 is not medically necessary.