

Case Number:	CM14-0185154		
Date Assigned:	11/13/2014	Date of Injury:	06/04/2003
Decision Date:	12/19/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old male with an injury date of 06/04/03. Based on the 07/11/14 progress report provided by treating physician, the patient complains of pain in his sacroiliac joint and bilateral lower extremity pain. Patient reports pain to sacroiliac joint improved for weeks following rhizotomy, but over the past two to three months the pain has returned. Patient has urinary urgency with intermittent and occasional leakage. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles, lumbosacral junction and left sciatic notch. Range of motion was decreased in all planes. Fabere's positive in the left sacroiliac joint and right gluteal muscle. Positive straight leg raise test. Kemp's positive in the left sacroiliac joint. Patient medications included Norco, Voltaren and Fexmid. Fexmid is prescribed for treatment of spasm to return activity and function. Diagnosis 07/11/14- lumbar sprain/strain with right lower extremity radiculitis- 3mm disc bulge at L5-S1, disc desiccation at L3-S1, with left sided sacroiliac joint pain per MRI 07/13/11- cervical/trapezial musculoligamentous sprain/strain- bilateral knees- left elbow The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 10/18/12 - 09/23/14.

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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: The patient presents with pain in his sacroiliac joint and bilateral lower extremity pain. The request is for Fexmid 7.5 MG #60. Patient reports pain to sacroiliac joint improved for weeks following rhizotomy, but over the past two to three months the pain has returned. Patient has urinary urgency with intermittent and occasional leakage. Patient's diagnosis dated 07/11/14 was lumbar sprain/strain with right lower extremity radiculitis and cervical/trapezial sprain/strain. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril , Amrix , Fexmid, generic available): Recommended for a short course of therapy." Per treater report dated 07/11/14, Fexmid is prescribed for treatment of spasm to return activity and function. Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. It has been at least 3 months from treater report dated of 07/11/14 to utilization review date of 10/28/14. Furthermore, the request is for quantity 60, which does not indicate intent for short term use. The request is not medically necessary.