

Case Number:	CM14-0099514		
Date Assigned:	09/16/2014	Date of Injury:	01/04/2011
Decision Date:	10/07/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on January 4, 2011 and April 22, 1997. Subsequently, the patient developed with chronic low back pain. According to a note dated on May 13, 2014 the patient was complaining of low back pain radiating to both lower extremities, aggravated by movements and activity. The pain was rated 8/10. The patient has a history of spinal cord stimulator removal performed on May 14, 2013. Her MRI of the lumbar spine performed on July 16, 2013 demonstrated the multilevel disc disease. Her electromyography (EMG) and nerve conduction studies performed on January 24, 2012 repeated right L5 radiculopathy. The patient was treated with Norc, Anaprox and FexMid. Her physical examination demonstrated the cervical tenderness, reduced sensation in the posterolateral arm and lateral forearm. The patient was reported to have antalgic gait, tenderness in the lumbar spine with increased muscle tone, positive straight leg raise bilaterally and reduced sensation along the posterior medial thigh. The patient was diagnosed with the lumbar radiculopathy, cervical or lumbar surgery, the patient, anxiety, and right wrist and thorough derangement. The provider requested authorization to continue FexMid.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Fexmid was prescribed at least May 2014 for pain management. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The request is not medically necessary.