MAXIMUS Federal Services

Case Number:	CM14-0212336		
Date Assigned:	01/02/2015	Date of Injury:	10/12/2005
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker had continuous trauma ending on 10/12/2005. Diagnoses include 1) lumbosacral musculo-ligamentous sprain/strain with 2-3 mm disc protrusions at L3-4, L4-5, and L5-S1 with hypertrophy, per MRI dated 4/27/2011, with history of bilateral facet rhizotomy at L3-4 and L4-5, 2) status post right total knee replacement 7/20/2008, 3) status post left total knee replacement 10/27/2008, 4) major depressive disorder in remission, 5) peptic ulcer disease with industrial aggravation secondary to anxiety, stress, depression, and prescription medication. He complains of back pain and spasm as well as difficulty sleeping. On examination of the lumbar spine, he has tenderness and spasm over the paravertebral musculature and lumbosacral junction. Range of motion is limited in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid 7.5mg #60 1 tab twice a day for 30 days.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexmid are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexmidl is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The record indicates that this medication has been used longer than that. The request for Fexmid is not medically necessary and appropriate.