

Case Number:	CM14-0216055		
Date Assigned:	01/06/2015	Date of Injury:	01/13/2014
Decision Date:	03/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 44-year-old male with a date of injury of January 13, 2014. According to progress report dated November 11, 2014, the patient presents with low back and right leg pain. The patient's current medications include Neurontin, Naprosyn, Flexeril, Valium and Vicodin. Physical examination revealed decreased range of motion in the lumbar spine. Straight leg raise was positive on the right side bilaterally. The patient remains on total temporary disability and has not reached maximum medical improvement. Treatment plan was for a functional capacity evaluation, refill of medications and instructions to follow up in five days. Utilization review denied the request on 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with low back and left leg pain. The current request is for Fexmid 7.5 MG. According to progress report dated November 11, 2014 and Request for Authorization from the same date, this is a request for Fexmid 7.5 MG up to twice a day dispensed #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." It is unclear when the patient was first prescribed this medication. Review of the medical records indicates that the patient was previously utilizing Soma and Flexeril. On November 11, 2014 the treating physician made a request for refill of Fexmid #60 and MTUS support the usage of fixed meet for a short course of therapy, not longer than 2 to 3 weeks. The requested medication IS NOT medically necessary.