

<b>Case Number:</b>	CM14-0218846		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/22/2008
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona  
 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:

The injured worker is a 48-year-old male, who sustained an industrial injury on December 22, 2008 with a mechanism of injury being the injured worker fell off of a ramp. He has reported lower back pain, bilateral leg pain, numbness and tingling, and cramping of the calf muscles. The diagnoses have included lumbar spine disc herniation with radiculopathy, bilateral sacroiliac joint sprain, and lumbar spine spondylolisthesis with stenosis. Treatment to date has included physical therapy, pain medications, and lumbar spinal fusion surgery. Work status was noted to be out of work and treat per AME recommendation. Currently, the IW complains of lower back pain, bilateral leg pain, and numbness and tingling of the legs. The treating physician noted tenderness of the lower back, and decreased range of motion and sensation of the spine. Work status was currently noted to be temporarily total disability. The injured workers medications on 12/08/2014 were noted to include Fexmid and Paxil. The injured worker had pain in the lumbar spine radiating into the bilateral legs. The injured worker had spasms in the calf muscles. The treatment included continuation of the medications. On December 22, 2014 Utilization Review non-certified the request for Paxil and Fexmid, noting the lack of documentation to support the medical necessity of the medications. The UR partially certified the medication Ultram, with an adjustment stating no refills were permitted. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paxil 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): (s) 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that antidepressants are recommended as a first medication for the treatment of neuropathic pain. They are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement, including an assessment in the changes of the use of other medications, sleep quality, duration, and psychological assessments. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Paxil 20 mg quantity 60 is not medically necessary.

**Fexmid 7.5mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Fexmid 7.5 mg quantity 120 is not medically necessary.

**Ultram ER 150mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the request for Fexmid 7.5 mg quantity 120 is not medically necessary.