MAXIMUS Federal Services

Case Number:	CM15-0127626		
Date Assigned:	07/14/2015	Date of Injury:	04/23/2013
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management

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 71 year old female sustained an industrial injury to the neck and low back on 4/23/13. Computed tomography cervical spine (2/20/15) showed status post cervical fusion at C3-6 and 4-7 with no evidence of fusion at C4-5 and possible hardware impingement at C3-4. Previous treatment included cervical fusion. Recent treatment included medication management. In a PR-2 dated 6/17/15, the injured worker complained of neck and low back pain associated with upper and lower extremity numbness and tingling, rated 10/10 on the visual analog scale without medications and 7/10 with medications. The injured worker was currently weaning from Norco as tolerated. The injured worker complained of ongoing insomnia that improved with medications. The injured worker attempted to return to work but the pain increased and she could not continue to work. Physical exam was remarkable for mild cervical spine tenderness to palpation with decreased range of motion, positive Lhermitte's and Spurling's signs and normal reflex, sensory and power testing to bilateral upper and lower extremities except hyper reflexes in the knees and ankles and diffuse weakness and numbness in the arms bilaterally. The treatment plan included anterior cervical decompression and instrumented fusion at C3-4 and C4-5 with exploration of fusion, removal of hardware, allograft bone, interbody cage and anterior cervical plating and refilling medications (Norco, Cyclobenzaprine and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 6.17.15) Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary.