

Case Number:	CM15-0179182		
Date Assigned:	09/29/2015	Date of Injury:	07/10/2012
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 48 year old male who sustained a work-related injury on 7-10-12. Medical record documentation on 8-14-15 revealed the injured worker was being treated for lumbar radiculopathy and lumbar facet arthropathy. He reported continued low back pain with radicular pain, numbness and tingling to the left leg to the level of the big toe. His right leg had numbness at times. Medications included Norco, Naproxen, and Flexeril (since at least 3-6-15) with adequate analgesia. Objective findings included limited range of motion of the lumbar spine due to pain and positive facet lumbar loading maneuvers. A prior epidural steroid injection provided greater than 50% relief and a decrease in opioid medications. A request for Fexmid tablets 7.5 mg #90 was received on 8-24-15. On 8-28-15 the Utilization Review physician determined Fexmid tablets 7.5 mg #90 was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid tab 7.5 mg Qty 90, 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). This claimant was injured in 2012, and has lumbar pain. There is subjective numbness. Flexeril has been taken at least from March. Objective functional benefit is not documented. No acute muscle spasm is noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.