

Case Number:	CM15-0079985		
Date Assigned:	04/30/2015	Date of Injury:	12/17/2013
Decision Date:	06/05/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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, Hawaii

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 41 year old male, who sustained an industrial injury on 12/17/2013. He reported an iron fence fell onto his back and right leg. The injured worker was diagnosed as having lumbar discogenic and radicular pain. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, physical therapy and medication management. In progress notes dated 1/12/2015 and 3/3/2015, the injured worker complains of low back pain that radiates to the right lower extremity. The treating physician is requesting Fexmid.

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 Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The patient presents with low back pain which radiates into the right leg. The current request is for Fexmid 7.5mg. The report with this request was not provided for

review. The treating physician states, "The patient has previously been on ibuprofen, tramadol, and muscle relaxants". The treating physician documents weakness and tenderness to palpation in the low back. The MTUS guidelines state, "Recommended for a short course of therapy. Dosing: 5 mg three times a day can be increased to 10 mg three times a day. This medication is not recommended to be used for longer than 2-3 weeks". In this case, the treating physician has not documented how long the patient has been taking this medication and MTUS guidelines only recommended this medication for 2-3 weeks. Additionally, there is not a duration or quantity provided with this request. The current request is not medically necessary and the recommendation is for denial.