

Case Number:	CM14-0103271		
Date Assigned:	07/30/2014	Date of Injury:	02/25/2002
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 41-year-old gentleman was reportedly injured on February 25, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 27, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities as well as left knee pain and neck pain. The physical examination demonstrated decreased painful range of motion of the lumbar spine and a positive left-sided straight leg raise test at 60. There was a left S1 radiculopathy noted. There was pain with range of motion of the cervical spine and tingling in the C6 - C7 distribution. There was a positive Tinel's and Phalen's test at the wrists bilaterally. Diagnostic imaging studies of the lumbar spine show a broad-based disc bulge at L1 - L2 which abuts the thecal sac, and a broad-based disc protrusion at L5 - S1 which indents the thecal sac. No instability was noted on flexion extension views at the L5 - S-1 level. Previous treatment includes a lumbar fusion at L4 - L5 a request had been made for an anterior posterior lumbar spine fusion at L5 - S1 and prescription refills of Fexmid and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription refills for Fexmid 7.5mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Fexmid is not medically necessary.

1 anterior posterior lumbar spine fusion L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM - California Guidelines; Low Back Disorders: Clinical Measures; Surgical Considerations - Spinal Fusion (electronically cited).

Decision rationale: The ACOEM practice guidelines do not support a spinal fusion in the absence of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records document a diagnosis of lumbar radiculopathy, but fail to demonstrate any of the criteria for a lumbar fusion. Furthermore, there is no documented instability on flexion and extension views. For these reasons, this request for an anterior posterior lumbar spine fusion at L5 - S1 is not medically necessary.