

Case Number:	CM14-0075452		
Date Assigned:	07/16/2014	Date of Injury:	11/30/2004
Decision Date:	11/12/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/23/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 61 year old male, who sustained an industrial injury on 11-30-04. The injured worker has complaints of lower back pain radiating down to both lower extremities. The documentation on 4-18-14 noted that the injured worker rates his pain score on a scale of 1 to 10 a 8. Examination of the posterior cervical musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points, which were palpable and tender throughout the lumbar paraspinal muscles. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. Examination of the right knee reveals tenderness to palpation along the medial lateral joint line with soft tissue swelling noted. There is crepitus noted with general range of motion. The diagnoses have included status post L4-L5 and L5-S1 (sacroiliac) interbody fusion; right lower extremity radiculopathy and erectile dysfunction, industrially related. Treatment to date has included epidural steroid injection; provided months of benefits; MS contin; norco; valium; protonix; zoloft; Cialis; fexmid; oxycontin; status post L4-5 and L5-S1 (sacroiliac) interbody fusion 1995; interbody fusion at L1-2, L2-3 and L3-4 in October 2006; spinal cord stimulator placement in the lower extremities on 7-17-08; removal of percutaneous placement of spinal cord stimulator on 2-8-10. Magnetic resonance imaging (MRI) right knee on 11-22-13 reveals abnormality of the posterior horn of the medial meniscus representing degeneration with underlying tear and grade 11 signal seen in the lateral meniscus, no cruciate tear is present. Lumbar spine magnetic resonance imaging (MRI) on 12-8-11 revealed a L1-2 there was a 2.7 millimeter retrolisthesis of L1 with no significant disc bulge and protrusion and neuroforaminal

appear patent and there is facet arthropathy with bilateral neuroforaminal narrowing at L2-3 and L3-4. The original utilization review (5-9-14) non-certified the request for fexmid 7.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006 Official Disability Guideline (ODG) Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm*drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for Fexmid can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for Fexmid. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2014. There is no documentation of the patient's specific functional level or percent improvement with treatment with Fexmid. As it is recommended only for short-term use, medical necessity cannot be affirmed.