

Case Number:	CM14-0124998		
Date Assigned:	09/16/2014	Date of Injury:	12/23/2010
Decision Date:	10/16/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 62-year-old male who sustained a work injury on 12-23-10. The claimant is status post left shoulder arthroscopy capsule release revision, SAD, Lysis of adhesions and MUA on 9-18-13. Office visit on 6-24-14 notes the claimant has low back pain radiating to the left lower extremity with numbness and tingling to the foot, bilateral shoulder pain. The claimant is being treated with medications. On exam, the claimant had tenderness to palpation at the lumbar spine with muscle spasms and positive SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Additionally, ODG notes that cyclobenzaprine

is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Functional improvement not documented with the long term use of this medication. Therefore, the medical necessity of this request is not established.