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| Case Number: | CM13-0016590 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 01/11/2011 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/15/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 claimant is a 40 yo female who sustained a work related injury on 01/11/2011. She has diagnoses neck pain, back pain, and right shoulder pain s/p subacromial decompression and rotator cuff repair. On exam she has decreased cervical lordosis with palpable spasm, moderate tenderness and decreased range of motion with limitations in flexion, extension, and right lateral flexion. The right shoulder range of motion is limited and there is decreased sensation along the C6 dermatomes bilaterally. Examination of the lumbar spine demonstrates decreased range of motion with limited lateral bending and extension. She is maintained on medical therapy and has been recommended to undergo cervical transfacet epidural steroid injections. The treating provider has recommended Fexmid 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg #60 for DOS 7/11/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: The Physician Reviewer's decision rationale: Per the reviewed literature, muscle relaxants are recommended for the short-term treatment of pain conditions associated with muscle spasm. They are not recommended for the long-term treatment of chronic pain conditions. The medication has its greatest effect in the first four days of treatment. The documentaiton indicates there are palpable cervical muscle spasms and there is no documentation of previous use of muscle relaxant therapy. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Duration of therapy should not exceed 2-3 weeks. There is no documentation provided necessitating the requested Fexmid 7.5mg #60. Based on the currently available information, the medical necessity for the requested amount of the muscle relaxant medication has not been established. The requested treatment is not medically necessary.