

Case Number:	CM13-0019674		
Date Assigned:	10/11/2013	Date of Injury:	03/30/2011
Decision Date:	02/03/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Family Practice 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 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 employee is a 38-year-old female who reported an injury on 3/30/11. The employee's diagnoses include bilateral shoulder sprains/strains and left wrist tendonitis. The initial course of treatment is unclear based upon the records provided; however, the employee more recently underwent chiropractic treatments with noted improvement in symptoms. The employee's medications are listed to include Tylenol 3 twice a day, Voltaren XR 100mg daily, and Fexmid 7.5mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg twice a day, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, California Code of Regu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Page(s): 63-65..

Decision rationale: The guidelines recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Fexmid, in particular, is recommended for a short course of therapy not to exceed 2 to 3 weeks. Upon review of the submitted documentation, it is unclear how long the employee has been

receiving this medication. As such, guideline compliance cannot be determined based upon the medical records provided. The requested Fexmid 7.5mg twice a day, quantity 60, is not medically necessary and appropriate.