

Case Number:	CM13-0030087		
Date Assigned:	11/27/2013	Date of Injury:	01/01/2012
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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 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 applicant has filed a claim for chronic elbow pain, medial and lateral epicondylitis, myofascial pain syndrome, shoulder pain, and carpal tunnel syndrome reportedly associated with an industrial injury of January 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; muscle relaxants; and an electrical muscle stimulator unit. In a utilization review report of September 17, 2013, the claims administrator apparently denied Fexmid. The claims administrator initially noted that an electrical muscle stimulator and acupuncture were earlier denied on May 7, 2013. A subsequent note of October 23, 2013 is notable for comments that the applicant is given permanent work restrictions. She is a former police record specialist, who has developed cumulative trauma over time. She is apparently given 15% whole person impairment rating. She is not currently working. She ceased work in October 2012, it is stated in one section of the report. In another section of the report, it is stated that she has not worked since May 2013. An earlier note of November 26, 2013 is notable for comments that the applicant is using Naprosyn and Flexeril for pain relief. The applicant is not working, it is suggested. This note is handwritten, not entirely legible, and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

A refill of Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is already Naprosyn on a regular basis. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request remains non-certified, on independent medical review.