

Case Number:	CM13-0042006		
Date Assigned:	12/20/2013	Date of Injury:	09/15/2012
Decision Date:	02/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Spine Surgery 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:

Patient is a 44-year-old female with date of injury is September 15, 2012. She suffers from chronic left knee pain and intermittent cervical and thoracolumbar pain. MRI of the knee in October 2012 shows moderate anterior cruciate sprain with possible partial meniscal tear with degeneration. On physical examination patient has evidence of popping, or giving way, joint line tenderness in the left knee. Current medications include tramadol and Fexmid. Previous treatments include chiropractic care, medications, bracing, acupuncture home exercise and muscle stimulation. At issue is whether Fexmid is appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fexmid 7.5 mg #60 between 8/20/13 and 11/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009)..

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

Decision rationale: Fexmid is a muscle relaxant and evidence-based guidelines recommend use of muscle relaxants with caution as a secondary option for the short-term treatment of acute exacerbations of pain. Long-term use is not indicated as efficacy decreasing over time and there

is risk of the tendons. In most cases, muscle relaxants show no benefit beyond NSAID's in terms of pain relief. In this case, Fexmid has been prescribed since April 2013, which far exceeds the guideline, recommended treatment duration and put the patient at wrist for side effects. Therefore, continuation of this drug is not medically necessary at this time. Criteria for continued use are not met.