

Case Number:	CM13-0042603		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2012
Decision Date:	05/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery 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 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:

The injured worker is a 34-year-old male who reported an injury on 07/10/2012. The mechanism of injury was not stated. Current diagnoses include chronic cervical strain/sprain with radicular pattern, chronic thoracolumbar strain/sprain, and right shoulder rotator cuff tear. The injured worker was evaluated on 10/11/2013. The injured worker reported persistent right shoulder and lower back pain. Physical examination revealed slight muscle guarding in the lumbar spine. Treatment recommendations included a refill of current medications.

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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker has utilized Fexmid 7.5 mg since 08/2013. Guidelines do not

recommend long-term use of this medication. Additionally, there was no evidence of palpable muscle spasm or spasticity upon physical examination. The current request does not include a frequency. Therefore, the request for Fexmid 7.5mg, #60 is not medically necessary.

ULTRAM 150 MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized Ultram 150 mg since 08/2013. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request for Ultram 150mg, #60 is not medically necessary.