

Case Number:	CM13-0050647		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2013
Decision Date:	04/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 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 patient is a 58-year-old male who reported an injury on 05/29/2013. The mechanism of injury was noted to be repetitive motion. He was diagnosed with left rotator cuff syndrome, left carpal tunnel syndrome, and tendinitis of the wrist. His symptoms were noted to include bilateral upper extremity pain with gripping/grasping and bilateral shoulder pain. His physical examination revealed tenderness to palpation of the lateral epicondyles bilaterally with spasm. His medications are noted to include Tylenol No. 3, Fexmid, and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine may be recommended for a short course of therapy as it has been shown to be more effective than placebo in the management of back pain. However, it was also noted that the effect of this medication is modest and comes with a price of greater adverse effects. Therefore, the

Guidelines specify that cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. The clinical information submitted for review indicates that the patient was initially prescribed Fexmid at his 07/23/2013 office visit. His 10/18/2013 note indicated that the patient continued use of Fexmid for the treatment of spasm. However, details regarding the patient's outcome with use of Fexmid were not provided, including whether use of the medication decreased his symptoms and whether he had any significant adverse effects. In addition, as this medication is not supported for use for longer than 2 to 3 weeks and the patient has been taking it since 07/23/2013, the request for continue use is not supported at this time. As such, the request for Fexmid 7.5mg #60 is non-certified.