

Case Number:	CM13-0056789		
Date Assigned:	12/30/2013	Date of Injury:	06/04/2003
Decision Date:	06/12/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 an employee of [REDACTED] and has submitted a claim for lumbar and cervicotrachezial musculoligamentous sprain/strain associated with an industrial injury date of June 4, 2003. Treatment to date has included (NSAIDs) non-steroidal anti-inflammatory drugs, opioids, chiropractic sessions, physical therapy, injections, and surgery. Medical Records from 2012 to 2014 were reviewed. Patient complained of chronic low back and neck pain with stiffness, numbness, and tingling. Physical examination showed that the patient ambulates with single point cane. There was decreased, guarded, painful ROM (range of motion) with hypertonicity, and decreased sensation in the right index and middle finger. Utilization review from November 14, 2013 denied the request for Fexmid 7.5mg #60 because the patient complained of persistent left sacroiliac joint and neck pain despite a trial of Fexmid; and because its usage is not recommended longer than 2-3 weeks. The requests for Norco 2.5/325MG #60 and Voltaren XR 100mg #30 were certified. Both medications are to be used as an additional trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FEXMID 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009
Page(s): 41-42.

Decision rationale: As stated on pages 41-42 of the Chronic Pain Medical Treatment Guidelines, Fexmid, a brand name of Cyclobenzaprine, is recommended as an option as a short course therapy for treating musculoskeletal conditions such as pain and/or injury. In this case, the patient has been taking Fexmid since October 2013. However, long-term use is not recommended. There is likewise no evidence of functional improvement associated with its use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Fexmid 7.5mg, # 60 is not medically necessary.