

Case Number:	CM13-0071906		
Date Assigned:	01/08/2014	Date of Injury:	07/08/1993
Decision Date:	06/05/2014	UR Denial Date:	12/15/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 59 year old female with a reported injury date on 07/08/1993; the mechanism of injury was not provided. The clinical note dated 12/11/2013 noted that the injured worker had no changes to complaints since last visit; which included intermittent pain and difficulties with gripping and pulling (visit 11/01/2013). Objective findings noted swelling to the left third finger A1 pulley site and triggering to the right thumb A1 pulley. Additional findings included catching at the 3rd finger A1 pulley with active range of motion. It was also noted that the injured worker had been prescribed Fexmid since at least 11/01/2013. The request for authorization form was not provided in the available clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION 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): 41-42.

Decision rationale: The request for one prescription of Fexmid 7.5mg #60 is not medically necessary. It was noted that the injured worker had no changes to complaints since last visit;

which included intermittent pain and difficulties with gripping and pulling (visit 11/01/2013). Objective findings noted swelling to the left third finger A1 pulley site and triggering to the right thumb A1 pulley. Additional findings included catching at the 3rd finger A1 pulley with active range of motion. It was also noted that the injured worker had been prescribed Fexmid since at least 11/01/2013. The Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants an option for chronic pain, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses is the best option. Based on the available documentation the injured worker has currently been prescribed this medication for a period that exceeds the recommend time frame of use and the requested quantity would exceed the recommended short duration of use. Additionally, it remains unclear if the injured worker had received therapeutic relief from the previous prescription. As such this request is not medically necessary.