

Case Number:	CM13-0071912		
Date Assigned:	01/08/2014	Date of Injury:	08/01/2011
Decision Date:	06/12/2014	UR Denial Date:	12/05/2013
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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 60-year-old who reported an injury on August 1, 2011. The mechanism of injury was not stated. Current diagnoses include bilateral carpal tunnel syndrome, cervical spine sprain and strain, lumbar spine sprain and strain, and bilateral lower extremity radiculopathy. The injured worker was evaluated on July 30, 2013. The injured worker reported 7/10 pain. Current medications include Norco 10/325 mg and Fexmid 7.5 mg. Physical examination revealed limited lumbar range of motion, tenderness to palpation, and positive straight leg raising. Treatment recommendations included continuation of a home exercise program and current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF FEXMID 7.5MG, TWICE DAILY, SIXTY COUNT: 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 Page(s): 63-66.

Decision rationale: The Chronic Pain Medical Treatment 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 two to three weeks. The injured worker has utilized Fexmid 7.5 mg since March of 2013. There is no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. The retrospective request for one prescription of Fexmid 7.5mg, twice daily, sixty count, is not medically necessary or appropriate.