

Case Number:	CM14-0001165		
Date Assigned:	01/22/2014	Date of Injury:	05/01/2010
Decision Date:	06/12/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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, 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 66-year-old male who reported an injury on 05/01/2010. The current diagnosis is left knee sprain/strain. The injured worker was evaluated on 11/22/2013. The injured worker reported persistent left knee pain with swelling, buckling, popping, and giving way. The injured worker also reported persistent lower back pain with numbness and tingling in the right lower extremity. Physical examination revealed tenderness to palpation over the medial and lateral joint line, patellofemoral crepitus, positive McMurray's sign bilaterally, limited right knee range of motion, limited left knee range of motion, limited lumbar range of motion, positive straight leg raising bilaterally, and tenderness to palpation with slight spasticity over the bilateral posterior paravertebral musculature. Treatment recommendations at that time included prescriptions for Axid 150 mg, Norco 10/325 mg, and Fexmid 7.5 mg.

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 Muscle relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain 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. The injured worker was previously issued a prescription for Fexmid 7.5 mg in 04/2013. There was no evidence of objective functional improvement in the medical records provided for review. There is also no frequency listed in the current request. As the MTUS Chronic Pain Guidelines do not recommend long-term use of this medication, the current request is not medically necessary and appropriate.