

Case Number:	CM14-0101496		
Date Assigned:	07/30/2014	Date of Injury:	03/25/2000
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 56 year-old individual was reportedly injured on 3/25/2000. The mechanism of injury is noted as an industrial injury. The most recent progress note, dated 5/7/2014 indicates that there are ongoing complaints of left hip, head, shoulder, and neck pain. The physical examination demonstrated cervical spine: positive tenderness to palpation C3-4, positive tenderness to palpation paraspinal muscles of the cervical spine, full range of motion, thoracic/lumbar spine exam unremarkable except for decreased muscle strength bilateral lower extremity, decreased sensation right C5-6, and decreased sensation left C6. Diagnostic imaging studies include an MRI of the cervical spine dated 5/12/2014 which reveals status post cervical fusion at C4-5, otherwise normal exam. Previous treatment includes previous cervical surgery, epidural steroid injections, medications, and conservative treatment. A request had been made for Fexmid 7.5 mg #90 and was not certified in the pre-authorization process on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.