

Case Number:	CM14-0104366		
Date Assigned:	07/30/2014	Date of Injury:	06/14/2011
Decision Date:	09/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

Injured worker is a female with date of injury 6/14/2011. Per primary treating physician's progress report dated 6/17/2014, the injured worker continues to complain of sever weakness, pain, numbness, tingling, coordination problems and crampin in the left hand. She reports a lack of bility to feel temperature in the hand and arm and a hair growth and sweat pattern difference. She is experiencing migraine headaches too. On examination of her shoulders, there is AC joint and bicipital groove tenderness on the right and diffuse tenderness on the left. Range of motion is reduced in all planes with left worse than the right in all planes. Hawkins and Neer tests are positive bilaterally. Cervical spine examination revealed tenderness to bilateral paraspinal muscles. Range of motion is reduced at 15 degrees in all planes. Sensory examinatio reveals decreased sensation on left at C6-8 nerve roots. Motor exam was normal. No sweat pattern difference in hands is noted. No visible hair pattern change, no temperature difference, and no discoloration is noted. Diagnoses include 1) anxiety 2) C5-C6 nerve root sheat cyst left sided 3) cervical spine ruptured disc C4-C5, C5-C6 4) depression 5) left ankle pain 6) status post left shoulder arthroscopy 7) right shoulder rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. The MTUS Guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Fexmid 7.5mg #60 with 2 refills is determined to not be medically necessary.