

Case Number:	CM14-0173449		
Date Assigned:	10/24/2014	Date of Injury:	03/02/2009
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The injured worker has a date of injury 3/28/08. Treatment diagnoses include strain/sprain of the shoulder, cervical spine and lumbar spine. Physical exam is notable for decreased spine range of motion, muscle spasms and manual muscle testing rated at 2/5, location not specified. On 10/9/14 request was made for Fexmid 7.5 mg twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: 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): 63-64.

Decision rationale: Injured workers being treated for chronic neck and low back pain. Prescriptions are provided for cyclobenzaprine 7.5 mg twice a day #120 on 9/10/14 and 7.5 mg twice a day #60 on 10/22/14. MTUS guidelines indicate that muscle relaxants are indicated for a short course of therapy for diagnoses of muscle spasms. The prescription as written exceeds cited MTUS guidelines of short-term use and is therefore not medically necessary.