

Case Number:	CM14-0175276		
Date Assigned:	10/28/2014	Date of Injury:	10/08/2012
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 49-year old male who was injured at work on 10/08/2012. He is reported to be complaining of pain and spasms in his left hip. The pain is intermittent, 6/10 in severity. It is worsened by heavy lifting and carrying, climbing ladders. The physical examination is unremarkable but for mild tenderness over the left hip, triggers points and spasms. The worker has been diagnosed of left hip replacement superimposed on degenerative arthritis. Treatments have included left hip replacement surgery, right knee meniscal repair. At dispute is the request for Retrospective request for Fexmid 7.5 mg, QTY: 120 dispensed 9/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fexmid 7.5 mg, QTY: 120 dispensed 9/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants (for pain) Page(s): 41;63-64. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (Epocrates)

Decision rationale: The injured worker sustained a work related injury on 10/08/2012. The medical records provided indicate the diagnosis of left hip replacement superimposed on

degenerative arthritis. Treatments have included left hip replacement surgery, right knee meniscal repair. The medical records provided for review do not indicate a medical necessity for retrospective request for Fexmid 7.5 mg, QTY: 120 dispensed 9/4/2014. The MTUS does not recommend prolonged use of cyclobenzaprine (Fexmid) due to diminishing efficacy after 4 days, and due to increasing risk side effects. Furthermore, Epocrates recommends it be used for not more than two to three weeks. Therefore, Retrospective request for Fexmid 7.5 mg, QTY: 120 dispensed 9/4/2014 is not medically necessary.