

Case Number:	CM14-0186202		
Date Assigned:	11/14/2014	Date of Injury:	08/10/2009
Decision Date:	12/31/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine; Allergy and Immunology, 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 50-year-old male who reported an injury on 08/10/2009; the mechanism of injury was not provided. On 04/25/2014, the injured worker presented for a followup. The physical examination was unremarkable. The diagnoses were hypertension, dyspepsia, sexual dysfunction, and sleep disorder. Medication list was not provided. The provider recommended Fexmid 7.5 mg. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for Fexmid 7.5 mg is not medically necessary. The California MTUS Guidelines recommend Fexmid as an option for a short course of therapy. The greatest effect of the medication is in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The provided medical records lack documentation of

significant objective functional improvement with the use of the medication. There was no rationale to support the request. Additionally, the provider's request does not indicate the quantity and frequency of the medication in the request as submitted. As such, medical necessity for Fexmid has not been established.