

Case Number:	CM14-0022152		
Date Assigned:	05/09/2014	Date of Injury:	01/06/2002
Decision Date:	07/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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 68-year-old male who reported an injury on 01/06/2002, from an unknown mechanism of injury. The injured worker had a history of cervical spine and right shoulder pain. Upon examination on 01/06/2014, the injured worker had increased pain due to cold weather. The injured worker denied numbness, tingling, or radiating pain in the upper extremities. The cervical spine inspection revealed flexion and extension as 20 degrees. Tenderness was palpable over the paravertebral and trapezoidal musculature with spasms bilaterally. The right shoulder revealed flexion and abduction measures of 160 degrees. The injured worker had diagnoses of cervical spine spondylosis and impingement syndrome of the right shoulder. Prior treatments were not provided within documentation. Medications were Doral, Vicodin, omeprazole, Colace, flurbiprofen topical compound medication, and cyclobenzaprine/tramadol topical compound medication. The provider indicated medications provided relief for the injured worker. The provider noted the treatment plan was to continue medications, an magnetic resonance imaging (MRI) of the cervical spine, and a urine toxicology test. The treatment request is for Fexmid 7.5 mg #60. The Request for Authorization is dated 01/06/2014. The provider's rationale was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid/Cyclobenzaprine Page(s): 64.

Decision rationale: The injured worker has a history of cervical spine and right shoulder pain. The California Medical Treatment Utilization Schedule (MTUS) recommends Cyclobenzaprine (Flexeril, Amrix, Fexmid) for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The long term use of muscle relaxants is not supported by the guidelines. The above medication is not recommended for use more than 2 to 3 weeks. The injured worker had tenderness palpable over the paravertebral and trapezial musculature with spasms bilaterally. The injured worker has been on Fexmid since at least 06/03/2013 which would exceed the guideline recommendation for a short course of therapy. The requesting physician's rationale for the request is not indicated within the documentation. There is lack of documentation indicating the effectiveness of this medication. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request for Fexmid 7.5 mg #60 is not medically necessary and appropriate.