

Case Number:	CM14-0033705		
Date Assigned:	06/20/2014	Date of Injury:	06/18/1992
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 65-year-old male with a 6/18/92 date of injury, and status post cervical fusion from occiput to C7 1/16/04 and status post revision cervical fusion occiput to C4 2011, and status post right carpal tunnel release 10/12. At the time (3/11/14) of request for authorization for Fexmid 7.5 mg #20 for short term use and Synovacin 500 mg #90, there is documentation of subjective (neck pain, cervicogenic headaches, bilateral upper extremity radiculopathy, pain rated 7/10) and objective (cervical musculature tenderness and increased muscle rigidity, cervical dystonia quite prominent, right shoulder severely restricted range of motion, decreased grip strength bilaterally, and decreased sensation globally throughout the bilateral upper extremities) findings, current diagnoses (cervicogenic headaches with migraine component, severe right shoulder internal derangement status post-surgical intervention, reactionary depression/anxiety, cervical dystonia), and treatment to date (Botox injections and medications (including ongoing use of Synovacin and FexMid since at least 9/13 with reported noticeable increase in range of motion with the use of Fexmid)). Regarding the requested Fexmid 7.5 mg #20 for short term use, there is no documentation of an acute exacerbation of chronic pain and that Fexmid is being used as a second line option and for short-term treatment. Regarding the requested and Synovacin 500 mg #90, there is no documentation of moderate arthritis pain of the knee and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Synovacin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #20; FOR SHORT TERM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervicogenic headaches with migraine component, severe right shoulder internal derangement status post-surgical intervention, reactionary depression/anxiety, cervical dystonia. In addition, there is documentation of functional benefit or improvement as a result of Fexmid use to date. However, there is no documentation of an acute exacerbation of chronic pain. In addition, given ongoing use of Fexmid, there is no documentation that Fexmid is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5 mg #20 for short term use is not medically necessary.

SYNOVACIN 500MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: MTUS reference to Chronic Pain Medical Treatment Guidelines identifies documentation of moderate arthritis pain of the knee, as criteria necessary to support the medical necessity of Glucosamine (and Chondroitin Sulfate). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicogenic headaches with migraine component, severe right shoulder internal derangement status post-surgical intervention, reactionary depression/anxiety, cervical dystonia. However, there is no documentation of moderate arthritis pain of the knee. In addition, there is no documentation of functional benefit

or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Synovacin use to date. Therefore, based on guidelines and a review of the evidence, the request for Synovacin 500 mg #90 is not medically necessary.