

Case Number:	CM14-0037276		
Date Assigned:	07/18/2014	Date of Injury:	08/12/2004
Decision Date:	08/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine 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 patient is a female claimant who sustained a cumulative work injury from involving the neck, arms, wrist and shoulders. She was diagnosed with cervical strain, epicondylitis, tendinitis of the arms and wrists, right rotator cuff injury and left shoulder supraspinatus tendon the degeneration. She underwent shoulder arthroscopy with debridement and subacromial decompression in 2005. Her pain has been managed with Norco as well as Cyclobenzaprine since at least July 2013. A progress note on February 12, 2014 indicated she continued to have reduced range of motion of the left shoulder as well as pain in the left elbow. The treating physician had continued her on Fexmid and added Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60 for Date of Service 02/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/07/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and pg 63 Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had used Fexmid along with Norco. The Fexmid had been used for nearly a year. The continued use of Fexmid is not medically necessary.