

Case Number:	CM14-0040654		
Date Assigned:	06/27/2014	Date of Injury:	05/16/2012
Decision Date:	08/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old male was reportedly injured on 5/16/2012. The mechanism of injury was unloading heavy boxes of water bottles repetitively during a normal day. The most recent progress note dated 2/11/2014, indicates that there are ongoing complaints of neck pain, shoulder pain and low back pain. Physical examination demonstrated moderate tenderness to the cervical paraspinal muscles and facets from C4-C7 with trapezius spasms; positive Spurling sign; limited cervical spine range motion; tenderness to left acromioclavicular (AC) joint; decreased left shoulder range of motion; positive left Neer's impingement sign; diffuse tenderness to lumbar paraspinal muscles and facets from L4-S1; positive straight leg raise and Kemp's tests bilaterally; limited lumbar spine range of motion; reflexes symmetrical in bilateral upper extremities, and asymmetrical bilateral in lower extremities: 2+ right, 1+ left. MRI the cervical spine dated 11/12/2013 demonstrates broad based disk protrusions at C4-C5, C5-C6 and C6-C7 with foraminal stenosis at C4-C5 and C5-C6. MRI lumbar spine dated 11/12/2013 demonstrates a disk protrusion and facet hypertrophy at L4-L5 resulting in left lateral recess/foraminal stenosis; a disk protrusion and facet hypertrophy that results in central canal/foraminal stenosis at L5-S1. MRI of left shoulder dated 11/12/2013 demonstrates a partial thickness supraspinatus tear. Previous medications include Motrin and Tramadol ER. A request had been made for Fexmid 7.5 mg: one, by mouth three times daily and was not certified in the utilization review on 3/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg one PO TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: Chronic Pain Medical Treatment Guidelines Chronic support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.