MAXIMUS Federal Services

Case Number:	CM14-0053980		
Date Assigned:	07/09/2014	Date of Injury:	01/30/2006
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, low back pain, and mid back pain reportedly associated with an industrial injury of January 30, 2006. Thus far, the applicant has been treated with analgesic medications; attorney representation; unspecified amounts of physical therapy; and apparent imposition of a rather proscriptive 20-pound lifting limitation. In a utilization review report dated March 28, 2014, the claims administrator denied a request for Fexmid. In a December 6, 2011 permanent and stationary evaluation, the applicant was declared permanent and stationary with a rather proscriptive 20-pound lifting limitation. The attending provider did suggest that the applicant was working, however, although this was not clearly stated. The applicant was given Fexmid and Relafen as of that point in time. On March 5, 2014, the applicant was described using a variety of analgesic medications including Norco, Naprosyn, and Fexmid and was also reportedly using Omeprazole for dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, additional Cyclobenzaprine or Fexmid to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Naprosyn, Norco, etc. Therefore according to the Chronic Pain Medical Treatment Guidelines, adding Cyclobenzaprine or Fexmid to the mix is not recommended. Therefore, the request is not medically necessary.