

Case Number:	CM14-0067302		
Date Assigned:	08/06/2014	Date of Injury:	03/03/2010
Decision Date:	10/07/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/12/2014

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 Neurology, has a subspecialty in Pain 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:

5/2/14 note indicates acute muscle spasms in the trapezius and paracervical muscles and recommended for Fexmid. 4/9/14 report noted pain in the right shoulder. Range of motion of the neck was normal with tenderness to palpation of the paraspinal muscles and cervical accessory muscles. There is decreased 4/5 bilateral shoulder strength and hypesthesia noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Fexmid 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

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

Decision rationale: The medical records report spasm and previous treatment with flexeril. Prolonged use of flexeril is not supported beyond 21 days under Official Disability Guidelines. There is no indication of functional benefit from the previous use of flexeril or indication to support continued use by demonstrated functional gain, improvement in ADLs or indication of mitigation circumstances.