

Case Number:	CM14-0193524		
Date Assigned:	12/01/2014	Date of Injury:	04/15/2013
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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:

This is a male patient with the date of injury of April 15, 2013. A Utilization Review dated October 23, 2014 recommended non-certification of Fexmid 7.5mg tablets. A Progress Report dated October 6, 2014 identifies Subjective Complaints of continued/increased neck pain with radiating pain, numbness and tingling over the bilateral hands. Objective Findings identify tenderness to palpation with trigger points over the paravertebral musculature and trapezius muscles. Spurling's maneuver is positive, decreased range of motion of the cervical spine. Diagnoses identify cervical/trapezial sprain/strain with bilateral upper extremity radiculitis, bilateral shoulder strain/tendinitis/impingement, left lateral epicondylitis, bilateral wrist/forearm/hand first carpometacarpal joint osteoarthritis, and psychiatric and sleep complaints, deferred. Treatment Plan identifies Fexmid 1 PO BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg tablets #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Fexmid) is not medically necessary.