

Case Number:	CM14-0195644		
Date Assigned:	12/03/2014	Date of Injury:	09/15/2012
Decision Date:	01/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 44 year old female who was injured on 9/15/2012. The diagnosis is left knee pain, cervicgia, thoracic strain, lumbosacral strain and low back pain. The 2012 MRI of the cervical spine showed multilevel facet arthropathy and disc protrusions greatest at C6-C7. The 2012 MRI of the left knee showed post-operative changes. The past surgery history is significant for left knee arthroscopy on 4/9/2014. The patient completed PT, home exercise program and the use of knee brace. On 9/10/2014, [REDACTED] noted subjective complaint of a pain score of 10/10 without medications and 7/10 with medication. There was complaint of knee, cervical, thoracic and low back pain. The patient was able to perform ADL with utilization of the medications. There were no documented details in physical examination findings. The medications listed are Voltaren ER, Ultram ER and Fexmid. The UDS on 2/20/2014 was consistent with prescribed tramadol. A Utilization Review determination was rendered on 10/22/2014 recommending non-certification for Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the treatment of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic treatment with muscle relaxants is associated with the development of dependency, tolerance, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized the Fexmid longer than the guidelines recommended 4 weeks duration for muscle relaxants. There is no documentation of intractable muscle spasm noted in the physical examinations. The criteria for the use of Fexmid 7.5mg #60 were not met.