

Case Number:	CM15-0000191		
Date Assigned:	01/09/2015	Date of Injury:	01/01/2008
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 53 year old female, who sustained an industrial injury on January 1, 2008. She has reported pain of the neck, bilateral shoulders, right wrist and hand and left thumb, with numbness and tingling of the right middle finger. The diagnoses have included left trigger finger--thumb, right carpal tunnel syndrome, and cervical/trapezial musculoligamentous sprain/strain. Treatment to date has included medications, acupuncture, and physical therapy and cortisone injections of the left thumb. Currently, the injured worker complains of bilateral thumb and wrist pain. The treating physician requests prescriptions for Fexmid, Norco and Zofran. On December 8, 2014 Utilization Review non-certified the request for the Flexmid noting the lack of documentation to support the medical necessity of the medication. The UR certified the request for the Norco and Zofran. The MTUS Chronic Pain treatment guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Fexmid 7.5mg, dispensed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than 6 years status post work-related injury and continues to be treated for chronic neck, shoulder, and right upper extremity pain. Medications include Fexmid, Norco, and Zofran. Medications prescribed include Fexmid being prescribed on a long-term basis. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Fexmid was not medically necessary.