

Case Number:	CM15-0141742		
Date Assigned:	08/14/2015	Date of Injury:	06/03/2010
Decision Date:	09/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 60 year old female who sustained an industrial injury on 06-03-2010. Current diagnoses include Brachial neuritis or radiculitis-cervical radiculitis, radicular syndrome of upper limbs, sprains and strains of unspecified site of shoulder and upper arm, and disorders of bursae and tendons in shoulder region, unspecified. Previous treatments included medications. Previous diagnostic studies were not include. Report dated 06-22-2015 noted that the injured worker presented with complaints that included returning for evaluation due to increased pain-bilateral cervical spine. Pain level was 4 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). Duration of pain relief with medications is 4 hours. Current medications include Voltaren 75 mg, 1 tablet per day, and Fexmid 10 mg, 1 tablet per day. Objective findings were documented as refill Fexmid, prescription for Voltaren XR, x-ray bilateral shoulder, request authorization for chiro treatment 2x6 to decrease pain, increase range of motion, activities of daily living, and follow up 4-6. There was no physical examination findings included in the objective findings. The treatment plan included requests for chiropractic care 3 times per week for 3 weeks to reduce pain, increase range of motion and activities of daily living, Fexmid for treatment of spasm, and Voltaren XR. The physician noted that the injured worker has functional benefits with use of medication that included ability to do laundry, bathing-self care, dressing, improved participation in home exercise program, able to work, improved sleep pattern. The injured worker was placed on temporary total disability until 06-28-2015 due to acute flare up. Of note some of this report was hard to decipher. Disputed treatments include Fexmid and chiropractic x6.

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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Fexmid is cyclobenzaprine (also known as Flexeril), a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Pt has no reported muscle spasms on exam. The number of tablets prescribed does not support intermittent use but likely chronic use which is not recommended as per MTUS Chronic pain guidelines. Fexmid is not medically necessary.

Chiropractic x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is not recommended anywhere except for the low back. Manipulation of neck is potentially dangerous and is linked to dissection of vertebral arteries of neck with little evidence to support benefit of chiropractic on the neck or thoracic spine. Chiropractic of neck spine is not medically necessary.