

Case Number:	CM15-0146654		
Date Assigned:	08/07/2015	Date of Injury:	12/17/2013
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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 was a 51-year-old female, who sustained an industrial injury, December 17, 2013. The injured worker previously received the following treatments Fexmid and Voltaren XR. The injured worker was diagnosed with lumbar spine and or strain, cervical strain and or sprain, left knee sprain and or strain and right shoulder arthroscopic surgery. According to progress note of June 29, 2015, the injured worker's chief complaint was cervical spine and right wrist pain. The physical exam noted there was tenderness to palpation of the suboccipitals with guarding with radiculopathy and spasms. The right wrist was tender with palpation. The flexion and extension was 135 to 0. The treatment plan included prescription for Fexmid.

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 Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Page(s): 63.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for neck and right wrist pain. When seen, there was suboccipital and paravertebral tenderness with muscle spasms. There was right wrist tenderness. Fexmid was prescribed. It had previously had been prescribed in April 2015. A muscle relaxant is a second-line option for the treatment of acute exacerbations in patients with muscle spasms and short-term use only of 2-3 weeks is recommended. In this case, Fexmid (cyclobenzaprine) was being prescribed for chronic muscle spasms with no identified new injury or exacerbation and the quantity prescribed is consistent with more than a three week period of use. It was not medically necessary.