

<b>Case Number:</b>	CM15-0182996		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: New York, West Virginia, Pennsylvania  
 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 50 year old male who sustained an industrial injury on 10-24-12. The medical records indicate that the injured worker is being treated for right knee sprain-contusion; cervical spine musculoligamentous sprain-strain; thoracic spine musculoligamentous sprain- strain; lumbar musculoligamentous sprain-strain; bilateral shoulder sprain-impingement; rotator cuff tendinitis; acromioclavicular degenerative joint disease; subdeltoid bursitis; bilateral upper extremity tenosynovitis. He currently (3-6-15) complains of increasing left knee pain over the last few months with increasing popping, catching and intermittent buckling; left shoulder pain that is increased with activities of lifting, pushing, pulling and reaching; right knee symptoms are increased; he has sleep difficulties due to pain. He uses a cane for ambulation and walks with a limp. On physical exam of the left shoulder there was tender ness to palpation over the acromioclavicular joint, tenderness to palpation and slight to moderate muscle spasms were present over the periscapular musculature, crepitus with passive range of motion, positive impingement test and Cross Arm test, decreased range of motion; there was tenderness to palpation of the left knee, crepitus, patellofemoral pain with Compression test, decreased range of motion. He has undergone diagnostic ultrasound of bilateral knees revealing a grade 1-2 mild, mucoid, myxoid degeneration of the left knee, no re-tear, post-operative changes; diagnostic ultrasound of bilateral shoulders (10-31-13); diagnostic ultrasound of bilateral elbows ((12-26- 13). He has been treated with medications: Vicodin, Naprosyn, Norco, Voltaren, Flexeril (since at least 11-21-13); physical therapy; acupuncture; aqua therapy for 4 weeks with no improvement; status post left knee arthroscopy (3-14-13). The request for authorization dated 8-3-15 was for Fexmid 7.5mg #60. On 8-27-15 Utilization Review non-certified the request 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and the patient has been on Fexmid for over one year which exceeds guidelines. The request for Fexmid 7.5 mg #60 is not medically necessary.