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| Case Number: | CM15-0020753 | | |
| Date Assigned: | 02/10/2015 | Date of Injury: | 10/31/2014 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/02/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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: 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:

This 42 year old female sustained a work related injury on 10/31/2014. According to a Doctor's First Report of Occupational Injury, the injured worker complained of bilateral shoulder pain, bilateral wrist and hand pain and bilateral elbow pain, right side greater than left. Physical examination did not mention muscle spasms. Diagnoses included bilateral shoulder sprain/strain with impingement, bilateral wrist sprain/strain with carpal tunnel syndrome and bilateral elbow sprain/strain with right lateral epicondylitis. Treatment plan included chiropractic care to decrease pain and increase range of motion, Electromyography and Nerve Conduction Velocity studies of the bilateral upper extremities to confirm carpal tunnel syndrome, Ultram to decrease pain, Anaprox to decrease inflammation and Fexmid to decrease muscle spasms. The provider marked yes for able to perform usual work. On 01/02/2015, Utilization Review non-certified Fexmid 7.5mg twice per day #60. According to the Utilization Review physician, the report did not document any evidence of muscle spasm or complaints of muscle spasm. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, twice per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, a progress note on 12/22/2014 indicated the patient has bilateral shoulder sprain/strain with impingement, bilateral wrist sprain/strain with carpal tunnel syndrome, and bilateral elbow sprain/strain with right lateral epicondylitis, however, there is no documentation of muscle spasm on exam. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.