

Case Number:	CM15-0029342		
Date Assigned:	02/23/2015	Date of Injury:	07/07/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old female with an industrial injury dated July 7, 2014. The injured worker diagnoses include cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, thoracic spine musculoligamentous sprain/strain, right shoulder strain/tendinitis and right wrist sprain with carpal tunnel syndrome. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/2/2015, the objective findings revealed increase tenderness to palpitation over the paravertebral musculature and trapezius muscles with muscle spasm. Spurling's maneuver was positive causing radicular symptoms to the fourth and fifth fingers. Documentation also noted decrease sensation along the C8 nerve root. The treating physician prescribed Fexmid 7.5mg #60. Utilization Review determination on January 27, 2015 denied the request for Fexmid 7.5mg #60, citing MTUS Guidelines.

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): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case has been using Fexmid for a long time without a clear evidence of functional and pain improvement. Therefore, the request for Fexmid 7.5mg #60 is not justified. The request is not medically necessary.