

<b>Case Number:</b>	CM15-0216347		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	04/11/2009
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic wrist, elbow, and ankle pain reportedly associated with an industrial injury of April 11, 2009. In a Utilization Review report dated October 17, 2015, the claims administrator failed to approve requests for Fexmid (cyclobenzaprine) and a complete metabolic panel (CMP). The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 30, 2015, the applicant was described as not working. Tylenol No. 3, Fexmid, Neurontin, Sonata, repeat drug testing and a complete metabolic panel were endorsed. The complete metabolic panel was sought for the purposes of evaluating the applicant's renal and hepatic function. The applicant was "not working," the treating provider reported in one section of the note while then stating, somewhat incongruously, that the applicant was working in another section of the note. Large portions of the note compromised of preprinted checkboxes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** No, the request for Fexmid (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Fexmid to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents to include Tylenol No. 3, Sonata, Neurontin, etc. The addition of cyclobenzaprine or Fexmid to the mix was not indicated, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. The 60-tablet supply of Fexmid at issue, moreover, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Complete Metabolic Panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Conversely, the request for a comprehensive metabolic panel (CMP) was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested monitoring in applicants on NSAIDs includes periodic monitoring of CBC and chemistry profiles to include liver and renal function testing. Here, while the applicant was not using NSAIDs, the applicant was using a variety of medications processed in the liver and kidneys, including Tylenol No. 3, Neurontin, Fexmid, etc., the treating provider reported on September 30, 2015. Obtaining laboratory testing in the form of the CMP at issue was, thus, indicated to verify that the applicant's present levels of renal and hepatic function were consistent with currently prescribed medications. Therefore, the request was medically necessary.