

Case Number:	CM15-0219821		
Date Assigned:	11/12/2015	Date of Injury:	03/19/2014
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 3-19-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain-strain, bilateral shoulder sprain-strain and impingement status post left shoulder scope 2-19-2015, and bilateral elbows lateral epicondylitis-probable cubital tunnel syndrome. On 9-22-2015, the injured worker reported neck pain and stiffness with left upper extremity with numbness, tingling, spasm, and difficulty turning from side to side due to the pain, and right shoulder pain. The single submitted Primary Treating Physician's report dated 9-22-2015, noted the physical examination showed the cervical spine with tenderness to palpation, guarding, and spasm, with positive compression, distraction, and Spurling's tests. The right shoulder was noted to have tenderness to palpation with positive impingement. The treatment plan was noted to include requests for a MRI of the cervical spine and an ultrasound of the right shoulder, continued home exercise program (HEP), and start of medications Fexmid, Omeprazole, and Anaprox DS. The injured worker's work status was noted to be able to return to usual and customary duties. The request for authorization dated 9-22-2015, requested Prilosec 20mg 1 PO QID #30, Anaprox DS 1 PO BID #60, and Fexmid 7.5mg 1 PO BID #60. The Utilization Review (UR) dated 10-26-2015, certified the requests for Prilosec 20mg 1 PO QID #30 and Anaprox DS 1 PO BID #60, and modified the request for Fexmid 7.5mg 1 PO BID #60 to certify #45 and non-certify the remaining #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg 1 po bid #60: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing neck and shoulder pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.