

Case Number:	CM15-0038684		
Date Assigned:	03/09/2015	Date of Injury:	05/19/2014
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 48 year old male, who sustained an industrial injury on 5/19/14. He reported injury to left ankle, the left hip and left thigh. He had an open left ankle injury. The injured worker was diagnosed as having left open dislocation of ankle, distal fibular fracture with angulation, lumbosacral spondylosis without myelopathy and lumbar sprain. Treatment to date has included physical therapy, left ankle surgery on 5/19/14, acupuncture, medications and MRI lumbar spine dated 11/20/14. Currently, the injured worker complains of sharp left ankle pain. He has difficulty moving ankle around. He complains of continued low back pain with radiating pain down left leg. He states he has left hip pain with popping of the hip with difficulty walking up and down steps. He complains of left shoulder pain. He has had 24 physical therapy sessions to left ankle. No response to treatment noted. The physician is going to discontinue in office therapy and have injured worker start home exercises. The physician will refill medication and diagnostic studies ordered as needed.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Fexmid (cyclobenzaprine), 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, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid (cyclobenzaprine) is not medically necessary.