

Case Number:	CM15-0051564		
Date Assigned:	03/25/2015	Date of Injury:	10/08/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/18/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 49 year old male with an industrial injury dated October 8, 2012. The injured worker diagnoses include primary localized osteoarthritis pelvic region and thigh, contusion of the hip, pain in joint pelvic region and thigh, enthesopathy of hip region, unspecified myalgia and myositis and lumbosacral sprain/strain. The injured worker is status post left hip replacement with residual chronic pain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 01/05/2015, the injured worker reported hip pain. The treating physician noted significant spasms and pain over his left hip and leg. Physical exam revealed tenderness to palpitation on the left side of trochanteric bursa. Physical exam also revealed tightness, tenderness and trigger points in the left gluteus medius, maximus and piriformis muscles. The treating physician prescribed Fexmid 7.5 mg dispensed on 1/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg QTY: 90 (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the use of Flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with Flexeril (Orphenadrine) but does not document or indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such, the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines. Therefore, this request is not medically necessary.