

Case Number:	CM14-0164921		
Date Assigned:	10/10/2014	Date of Injury:	05/03/2010
Decision Date:	11/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant presents with chronic pain following a work related injury on 05/03/2010. The claimant complained of waxing and waning pain in the hands, stiffness and slight numbness. The claimant also complained of neck and shoulder pain. The pain is rated 5/10 with medication. The medications include Fexmid 7.5mg TID and Zithromax. The physical exam on the most recent office visit was noncontributory. The claimant was diagnosed with cervical pain/cervicalgia, myofascial pain syndrome/fibromyalgia and encounter long-rx use. According to the medical records the claimant is on work restrictions. The provider recommended electrodiagnostic studies at cervical spine and bilateral upper extremities as well as Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Fexmid 7.5mg Quantity 90 (DOS 7/25/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spasmodics Page(s): 66.

Decision rationale: Retrospective Request for Fexmid 7.5mg Quantity 90 (DOS 7/25/14) is not medically necessary for the client's chronic medical condition. Fexmid is Cyclobenzaprine. The

peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Therefore, the request for Retrospective Request for Fexmid 7.5mg Quantity 90 (DOS 7/25/14) is not medically necessary.