

Case Number:	CM14-0165661		
Date Assigned:	11/10/2014	Date of Injury:	04/10/2012
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 48-year-old female who has submitted a claim for right shoulder impingement syndrome, cervical sprain / strain, myofascial pain syndrome, and DeQuervain's tenosynovitis associated with an industrial injury date of 4/10/2012. Medical records from 2014 were reviewed. The patient complained of frequent, sharp, right shoulder pain with noted improvement from recent subacromial joint injection. Physical examination showed tenderness at the acromioclavicular joint, positive impingement sign, positive cross-arm test, and trapezius tenderness, decreased cervical range of motion, positive cervical compression test, and lumbar spine muscle spasm. Treatment to date has included right shoulder subacromial joint injection, physical therapy and medications such as Tylenol and Fexmid (since July 2014). The utilization review from 10/1/2014 denied the request for 30 Fexmid 10mg because there was no evidence of objective benefit from medication use and long-term use was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Fexmid 10mg: 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 9792.24.2, Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Fexmid since July 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not guideline recommended. Therefore, the request for 30 Fexmid 10mg is not medically necessary.