

Case Number:	CM14-0166207		
Date Assigned:	10/13/2014	Date of Injury:	08/13/2014
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

9/19/14 note indicates pain since a fall. There was a contusion on the back and laceration of the right elbow. Examination notes no swelling or sign of infection. There was mild tenderness in the occipital area with swelling. Medications of Naproxen, Prilosec and Fexmid were recommended. 8/13/14 note indicates no tenderness to palpation over the medial or lateral epicondyle. There was full range of motion. Distal sensation, motor function, and circulation were intact. Assessment was contusion and laceration of the right elbow.

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: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Muscle Relaxants (for Pain).

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

Decision rationale: The medical records provided for review do not indicate any focal or generalized muscle spasm by reported physical examination or by complaint of the insured. MTUS supports Cyclobenzaprine for short term use for muscle spasm. Without demonstrated

muscle spasm in the medical records, the insured is not supported for treatment with Cyclobenzaprine.