

<b>Case Number:</b>	CM14-0148126		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	09/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who reported an injury on 11/29/2011. The mechanism of injury was not stated. The current diagnosis right hip contusion/sprain with possible trochanteric bursitis. The latest physician progress report submitted for review is documented on 04/16/2014. The injured worker presented with complaints of localized lumbar spine pain, increased with prolonged sitting. Upon examination of the lumbar spine, there was tenderness to palpation and limited range of motion. Examination of the right hip also revealed tenderness to palpation with positive faber test and decreased range of motion. Recommendations at that time included continuation of the current medication regimen of Prilosec 20 mg and Voltaren XR 100 mg. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Fexmid 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm or spasticity upon examination. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

**1 Pain Management Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, when treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no mention of an exhaustion of conservative management. There was no documentation of a significant functional limitation upon examination. The medical necessity for a pain management consultation has not been established in this case. As such, the request is not medically appropriate.