

Case Number:	CM14-0218613		
Date Assigned:	01/08/2015	Date of Injury:	10/30/2013
Decision Date:	03/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/30/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 29 year old female who suffered a work related injury on 10/30/13 when as she was assisting her patient into bed her patient fainted and fell on her, causing her to twist to the left, injuring the right side of her neck, her right shoulder, and her right facial/jaw area. Per the latest physician note provided for review from 05/19/14, the injured worker completed 6 acupuncture treatments with temporary benefit she has now returned to baseline with ongoing right shoulder and neck pain, frequent headaches, and ongoing TMJ. Diagnoses include cervical spine sprain/strain, headache and TMJ pain, sleep disruption due to pain, and right shoulder strain. Treatments include Butalbital, Fioricet, and Tramadol. There is no mention of Fexmid. Per the UR, the physician recommended Fexmid at the 11/14/14 visit. These records were not available in the submitted documentation. The Claims Administrator on 12/02/14 denied the Fexmid and this treatment was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.6mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG muscle relaxants

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, supportive documentation was limited regarding the request for Fexmid. There was no evidence provided to suggest the worker was having muscle spasm. Regardless of this, however, the requested number of pills being #60 is more than what would be reasonable for short-term treatment of an acute flare-up of a muscle spasm. Therefore, the Fexmid 7.5 mg #60 will be considered medically unnecessary.