

<b>Case Number:</b>	CM14-0073418		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/31/2002
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 54 year old female who sustained an industrial injury on May 31, 2002. Previous treatment includes right wrist surgery, cortisone injection, medications, and hand therapy. Currently the injured worker complains of burning sensation in the right hand, pinching sensation in the right wrist and forearm, and increasing size of the soft tissue mass in the right palm. Diagnoses associated with the request include status post hand crush injury, status post right wrist surgery, right lunotriquetral instability, right ulnar nerve palsy, right little finger MCP-5 joint extension contracture. The treatment plan includes work restriction, surgical intervention, Hydrocodone, Fexmid, Prilosec and Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Fexmid 7.5mg, #90 with one refill:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The request is not medically necessary.