

Case Number:	CM15-0010432		
Date Assigned:	01/28/2015	Date of Injury:	08/25/2008
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female with an industrial injury dated August 25, 2008. The injured worker diagnoses include cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, left shoulder sprain/strain, left knee sprain/strain, and status post multilevel laminectomies. She has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultations and periodic follow up visits. According to the progress note dated 12/19/14, injured worker reported ongoing hip pain. Objective findings revealed tenderness to palpitation over the posterior paravertebral musculature. Straight leg raising test and Patrick Fabere's test were positive bilaterally. There was decreased sensation over the L4 and S1 dermatomal level. Left shoulder examination revealed tenderness to palpitation over the supraspinatus tendon and acromioclavicular joint with loss of motion upon ranging. The treating physician prescribed Fexmid 7.5mg QTY: 60.00. Utilization Review (UR) determination on January 7, 2015 denied the request for Fexmid 7.5mg QTY: 60.00, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 52 year old female has complained of low back pain and neck pain since date of injury 8/25/08. She has been treated with spine surgery, physical therapy and medications to include Fexmid since at least 09/2014. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.