

Case Number:	CM15-0120766		
Date Assigned:	07/01/2015	Date of Injury:	03/25/2012
Decision Date:	08/26/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: California

Certification(s)/Specialty: Emergency 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 33-year-old female who sustained an industrial injury on 3/25/2012 resulting in pain and weakness in the bilateral upper extremities and neck. She has been diagnosed with muscle spasm, myofascial pain, injury of upper extremity, shoulder joint pain, and shoulder joint pain on movement. Treatment has included physical therapy and acupuncture treatments providing temporary, minimal relief; home exercise; and, medication which helps relieve pain. The injured worker continues to report increased bilateral upper extremity weakness, including episodes where she is unable to move her upper extremities for up to 30 minutes. The treating physician's plan of care includes Fexmid 7.5 mg, and compound cream: Flurbiprofen 20 percent, and Lidocaine 5 percent. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: The requested Fexmid 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has bilateral upper extremity weakness, including episodes where she is unable to move her upper extremities for up to 30 minutes. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5mg #90 is not medically necessary.

Compound cream: Flurbiprofen 20%, Lidocaine 5% 300g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Criteria for Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111- 113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Compound cream: Flurbiprofen 20%, Lidocaine 5% 300g, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has bilateral upper extremity weakness, including episodes where she is unable to move her upper extremities for up to 30 minutes. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound cream: Flurbiprofen 20%, Lidocaine 5% 300g is not medically necessary.