

Case Number:	CM15-0174478		
Date Assigned:	09/25/2015	Date of Injury:	10/20/2014
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 23 year old female with a date of injury on 10-20-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc displacement without myelopathy and cervicgia. Per the progress report dated 7-2-2015, the injured worker reported "intense pain to the cervical spine and shoulder." She indicated that medication was not helping and was making her ill. According to the progress report dated 7-15-2015, the injured worker was doing poorly with persistent neck pain. Per the treating physician (7-2-2015), the injured worker was to remain off work. The physical exam (7-15-2015) revealed the injured worker to be in marked distress. There was tenderness about the cervical spine. Treatment has included physical therapy and medications (Hydrocodone, Diclofenac Sodium, Tramadol, Cyclobenzaprine and Pantoprazole sodium since at least 4-8-2015). The original Utilization Review (UR) (8-18-2015) denied a request for Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #90 (retro dos: 05/18/2015 and 06/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5 mg #90 (retrospective date of service May 18, 2015 and June 17, 2015 is not medically necessary). Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is possible this herniation cervical spine at C5 - C6. They of injury is October 20, 2014. Request for authorization is August 10, 2015. According to an initial orthopedic evaluation dated April 8, 2015, subjective complaints include left shoulder pain, elbow and wrist pain. Medications include Vicodin 2.5 mg, Tramadol, cyclobenzaprine 7.5 mg, Diclofenac and Pantoprazole. According to the second initial orthopedic evaluation (same provider) dated May 20, 2015, the subjective complaints include pain. Objectively, there is tenderness to palpation overlying trapezius spasm. There is no contemporaneous documentation on or about June 17, 2015. Cyclobenzaprine (Fexmid), at a minimum appeared in a progress note dated April 8, 2015 (approximately 6 weeks prior to the May 18, 2015 progress note). Cyclobenzaprine is indicated for short-term (less than two weeks). There are no compelling clinical facts indicating long-term cyclobenzaprine is clinically indicated. There is no documentation indicating acute low back pain or energy exacerbation of chronic low back pain. The start date for cyclobenzaprine is not specified in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines for short-term (less than two weeks), Fexmid 7.5 mg #90 (retrospective date of service May 18, 2015 and June 17, 2015 is not medically necessary).