

Case Number:	CM15-0175605		
Date Assigned:	09/17/2015	Date of Injury:	03/21/2006
Decision Date:	10/19/2015	UR Denial Date:	08/21/2015
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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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(n) 63 year old female, who sustained an industrial injury on 3-21-06. The injured worker was diagnosed as having lumbar sprain, status post right knee arthroscopy and right shoulder sprain. On 4-28-15 the injured worker rated her pain 3-4 out of 10 with medications and 7-8 out of 10 without medications. The physical exam revealed right knee range of motion 0-120 degrees, crepitus and tenderness to palpation over the medial and lateral joint line. Treatment to date has included a right knee brace, Ultram and Fexmid (since at least 2-4-15). As of the PR2 dated 6-23-15, the injured worker reports pain in her right shoulder and right knee. She rates her pain 6 out of 10 at rest and 9 out of 10 at motion. Objective findings include no effusion in the right knee, some medial and lateral joint line tenderness to palpation and full right shoulder extension. The treating physician requested Fexmid 7.5mg #60. On 7-22-15 the treating physician requested a Utilization Review for Ultram 50mg #120, a pain management consultation for lumbar transforaminal epidural steroid injection versus a facet injection, a right knee arthroscopy and partial meniscectomy and Fexmid 7.5mg #60. The Utilization Review dated 8-21-15, non-certified the request for Fexmid 7.5mg #60 and certified the request for Ultram 50mg #120, a pain management consultation for lumbar transforaminal epidural steroid injection versus a facet injection and a right knee arthroscopy and partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this particular case the patient has no evidence in the records of 4/28/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. Therefore is not medically necessary and non-certified.