

Case Number:	CM15-0073076		
Date Assigned:	04/23/2015	Date of Injury:	10/08/2012
Decision Date:	06/11/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/16/2015

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: 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:

The injured worker is a 49 year old male who sustained an industrial injury 10/8/2012. His diagnoses, and/or impressions, included: osteoarthritis in the pelvic and thigh regions; contusion of hip; pain in the pelvic joint and thigh; enthesopathy of the hip region; myalgia and myositis; and lumbosacral sprain/strain. No current magnetic resonance imaging studies are noted. His treatments have included left hip replacement; a home exercise program; massage therapy to reduce spasms; and medication management. Progress notes of 3/5/2015 reported significant and constant spasms and pain over his left hip and leg, exacerbated by increased activities. The physician's requests for treatments were noted to include Fexmid for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One medication: Fexmid 7.5mg #90: Upheld

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

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

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Fexmid) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. It is not recommended to be used for longer than 2-3 weeks. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the claimant has been maintained on Fexmid since at least 8/2014, which exceeds the Guideline recommendation. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.