

Case Number:	CM15-0079986		
Date Assigned:	04/30/2015	Date of Injury:	01/14/2014
Decision Date:	06/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female who sustained an industrial injury on January 14, 2014. Previous treatment includes right wrist carpal tunnel release. Currently the injured worker is status post right wrist carpal tunnel release and she complains of sleep disturbance and gastroesophageal reflux disease. Diagnoses associated with the request include bilateral hand tendinitis, bilateral carpal tunnel syndrome, and herniated cervical disc with radiculitis, right shoulder tendinitis, impingement, rotator cuff tear, internal derangement and status post right wrist carpal tunnel release. The treatment plan includes physical therapy, Anaprox for swelling/inflammation, Prilosec for gastric mucosa protection, and Fexmid for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg tab #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic wrist pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Fexmid was use for unspecified time without evidence of improvement. Evidence based guidelines do not recommend its use for more than 2-3 weeks. The request is not medically necessary.