

Case Number:	CM15-0094453		
Date Assigned:	05/21/2015	Date of Injury:	10/27/2009
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational 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 was a 46 year old female, who sustained an industrial injury, October 27, 2009. The injured worker previously received the following treatments, Prilosec, Anaprox, Fexmid, Lyrica, EMG (electrodiagnostic study) of the bilateral upper extremities which was negative, thoracic and lumbar MRI, physical therapy, acupuncture services, chiropractic services and right shoulder arthroscopic surgery on February 4, 2015. The injured worker was diagnosed with thoracic/lumbar spine strain/sprain with bilateral lower extremity radiculopathy and stenosis, cervical spine strain/sprain with bilateral upper extremity radiculopathy, cervical degenerative disc disease, status post right shoulder arthroscopic surgery and left shoulder sprain with impingement syndrome. The injured worker rated the pain at 8 out of 10. The injured worker was experiencing numbness, ache and spasms. The injured worker was taking Flexmid for the spasms. The physical exam of the cervical spine noted tenderness of the paraspinals with spasms with decreased range of motion. The compression test was positive. The lumbar spine exam noted tenderness of the paraspinal muscles with spasms. The straight leg raises were positive. According to progress note of February 4, 2015, the injured workers chief complaint was cervical spine and lumbar spine pain. The treatment plan included a prescription 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 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are specific with the recommendation that Fexmid (Cyclobenzaprine) be utilized only on a short term basis i.e. up to 3 weeks on a daily basis. On a longer term basis, the Guidelines do support limited use for distinct flare-ups, however this is prescribed to be taken on a chronic daily basis which is not supported by Guidelines. There are no unusual circumstances to justify an exception to Guidelines. The Fexmid 7.5mg #60 is not medically necessary.