

Case Number:	CM15-0096487		
Date Assigned:	05/26/2015	Date of Injury:	09/12/2014
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 12, 2014. In a Utilization Review report dated May 13, 2015, the claims administrator partially approved a request for Fexmid (cyclobenzaprine). The claims administrator referenced a RFA form received on April 28, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported multifocal complaints of neck, low back, and shoulder pain. The applicant was placed off of work, on total temporary disability, for an additional six to eight weeks. Norco and Fexmid (cyclobenzaprine) were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

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

Decision rationale: No, the request for Fexmid (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Fexmid to other agents is not recommended. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Adding cyclobenzaprine or Fexmid to the mix was not indicated. It was further noted that the 60-tablet supply of Fexmid at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine (Fexmid) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.