

Case Number:	CM14-0154147		
Date Assigned:	10/02/2014	Date of Injury:	04/24/2003
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old female with a 4/24/03 date of injury. At the time (8/20/14) of the Decision for Fexmid 7.5mg #120, there is documentation of subjective (neck, shoulder, and arm pain) and objective (tenderness to palpation over left lateral epicondyle region and right wrist) findings, current diagnoses (status post lateral epicondylectomy, right shoulder impingement, and bilateral wrist tendinitis), and treatment to date (medications (including ongoing treatment with Norco and Ultram)). There is no documentation of acute exacerbation of chronic low back pain; and the intention for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post lateral epicondylectomy, right shoulder impingement, and bilateral wrist tendinitis. In addition, there is documentation of Fexmid used as a second line option. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of a request for Fexmid #120, there is no documentation of the intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg #120 is not medically necessary.