MAXIMUS Federal Services

Case Number:	CM13-0061174		
Date Assigned:	12/30/2013	Date of Injury:	05/21/2013
Decision Date:	08/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

The patient is a 42-year-old male who sustained a work related injury on 5/21/2013. The injury occurred when he dove 45 feet into the water working as a stuntman injuring his right shoulder. The patient has a history of previous right shoulder surgical intervention for a RCT repair many years before. Since the date of injury, he has experienced ongoing right shoulder pain that is a dull ache, worsened by overhead arm motions (ex. getting dressed and tossing) that is relieved with ice, rest and use of pain medications. An MRI arthrogram of the right shoulder dated 06/12/2013 revealed a full thickness tear at the supraspinatus insertion along its anterior leading edge. In addition, there is tendinosis of the infraspinatus tendon. Lastly, there is moderate to severe degenerative changes of the acromioclavicular joint with mass effect on the underlying supraspinatus myotendinous junction. Physical examination of the right shoulder reveals periscapular musculature is painful and he is tender upon palpation over the periscapular musculature, trapezius musculature, supraspinatus tendon and the acromioclavicular joint. Appreciable crepitus is present with a 4/5 weakness of the shoulder girdle with positive impingement provocative testing. He is currently utilizing both Norco (for pain) and Fexmid (for muscle spasms), as well as home exercise and a gym membership as part of his treatment regimen. In dispute is a decision regarding Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle Relaxants Page(s): 41-42, 64.

Decision rationale: Cyclobenzaprine (Flexeril, Amrix, FexmidTM, generic available) is recommended for a short course of therapy as a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline). It is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The guidelines are very specific with regard to the length of time this particular medication may be utilized. Since it has been in use far beyond the recommended short course of therapy of between 2-3 weeks, its continued usage is not medically necessary.