

<b>Case Number:</b>	CM13-0072706		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Family Practice 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:

The patient is a 63-year-old female who reported an injury on 02/21/2011. The patient reportedly sustained continuous trauma during the course of her employment. The patient is diagnosed with cervical/trapezial musculoligamentous sprain with left upper extremity radiculitis, right wrist mild carpal tunnel syndrome, left wrist probable carpal tunnel syndrome, left shoulder per scapular strain and impingement syndrome, left thoracic outlet syndrome, left elbow ulnar neuropathy, bilateral wrist/forearm tendinitis with De Quervain's tenosynovitis, and myofascitis. A request for authorization was submitted on 11/20/2013 for Fexmid 7.5 mg #60. However, the latest Physician's Progress Report submitted is documented on 10/09/2013. The patient presented with ongoing right wrist and hand symptoms. The patient also reported worsening left upper extremity symptoms. Physical examination revealed tenderness to palpation with mild spasm and muscle guarding over the cervical spine, decreased sensation in the left upper extremity, and tenderness to palpation over the flexor tendons in the right wrist. Treatment recommendations at that time included continuation of current medication including Prilosec and Flexeril.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, it is noted that the patient is currently utilizing Flexeril 10 mg. There is no evidence of this patient's active utilization of Fexmid 7.5 mg. Although the patient does demonstrate mild spasm and muscle guarding over the paraspinal musculature, California MTUS Guidelines do not recommend long-term use of muscle relaxants. Therefore, the request is non-certified.