

Case Number:	CM14-0101880		
Date Assigned:	07/30/2014	Date of Injury:	12/21/2010
Decision Date:	12/11/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 56 year old female who sustained a work related injury on 12/21/2014 as result of rear end motor vehicle accident. Since then she's complained of both cervical and lumbar spine pain that's reported as 8/10 in intensity. Pain radiates into both shoulders to the fingertips with corresponding numbness and tingling. Her lumbar spinal pain radiates down the right leg with corresponding numbness and tingling. Examination reveals positive bilateral cervical axial compression and Spurling's signs. Facet tenderness is appreciated at C4-7. Cervical and right shoulder range of motion is decreased. Examination of the lumbar region reveals moderate to severe facet tenderness with associated lumbar range of motion decreased. Patrick, Sacroiliac thrust, Yeoman's and Kemp's test are positive. Straight leg raise is positive on the right. Neurologically there is 4/5 strength deficit of the elbow flexors and extensors bilaterally with a decreased sensation of the C6 and C7 dermatomes bilaterally. Right upper extremity reflexes are +1 with left reflexes +1 at the brachioradialis and triceps. Lumbar touch sensation is decreased at the L3-L5 dermatomes on the right. Cervical and Lumbar MRI identifies multilevel degenerative disc disease with neural foraminal stenosis and nerve compression, worse at C5-C7. Multilevel disc bulge from L3-S1 that is 4-5, 5-6 and 7-8mm in extension. In dispute is a decision for Fexmid 7.5, QTY: 90.

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: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Antispasmodics: Cyclobenzaprine.

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

Decision rationale: Cyclobenzaprine (Flexeril, Amrix, FexmidTM, generic available): 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. This is the patient's initial request for this medication. Although Fexmid is authorized for use, the amount requested is excessive and far exceeds the amount needed for a 2-week trial. Therefore the request is not medically necessary.