

Case Number:	CM14-0109073		
Date Assigned:	08/01/2014	Date of Injury:	02/06/2012
Decision Date:	10/21/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who reported an injury on 02/06/2012. The mechanism of injury occurred during a motor vehicle accident. Her diagnoses included degeneration of cervical intervertebral disc and brachioneuritis/radiculitis. The injured worker's past treatments included 18 sessions of physical therapy, lumbar epidural steroid injections, and surgery. The injured worker's diagnostic exams included an electromyography, x-ray of the lumbar spine, x-ray of the cervical spine, and an MRI of the cervical spine. Her surgical history included an L4-5 fusion and a lumbar laminectomy. On 06/23/2014, the injured worker complained of drooping effects to her the right dominant hand on a constant basis. She also reported that she had intermittent left sided symptomatic pain and left lateral epicondylar tenderness since the electromyography was performed. The physical exam revealed that deep tendon reflexes of the upper and lower extremities were symmetrical and graded at 2/4. There was also intact sensation to pain and pinprick with light touch, position, and vibration. The examination of the cervical spine was normal and all the major muscles which were innervated by the cervical spine were graded at 5/5. Her medications included Norco 10/325, Prilosec 20 mg, Neurontin 300mg, Cyclobenzaprine 7.5 mg, and Relafen 500 mg. The treatment plan was not clearly indicated in the clinical notes. A request was received for Fexmid/cyclobenzaprine 7.5 mg. The rationale for the request was not clearly indicated in the clinical notes. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid/cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine/ Muscle Relaxants, Page(s): 41,63.

Decision rationale: The request for Fexmid/cyclobenzaprine 7.5mg is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In regard to cyclobenzaprine, the guidelines recommend its use as a short term option for the treatment of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Based on the clinical notes, the injured worker complained of dropping objects from her right dominant hand on a constant basis. This indication is not indicative of back pain and would not be supported by the guidelines. The use of muscle relaxants is based on evidence of low back pain and the presence of spasms. Also, the clinical notes failed to indicate her demised functionality and pain rating, which would provide evidence to support the use of cyclobenzaprine. Additionally, the clinical notes indicated the injured worker has been prescribed Fexmid/cyclobenzaprine since 06/23/2014. The duration of use for this medication should be on a short term basis, as the greatest effectiveness is achieved within first 4 days of treatment. Also, the request failed to specify the frequency of use. Therefore, due to lack of documentation indicating low back pain etiology with spasms noted; frequency of use, and use longer than the recommended 2-3 weeks, the request is not supported. Thus, the request for Fexmid/cyclobenzaprine 7.5mg is not medically necessary.