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| <b>Case Number:</b>   | CM14-0159710 |                              |            |
| <b>Date Assigned:</b> | 10/03/2014   | <b>Date of Injury:</b>       | 01/24/2011 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 09/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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 has a subspecialty in Pain Medicine 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:

This is a 44-year-old female patient who sustained an industrial injury on 01/24/2011. The patient is diagnosed with bilateral shoulder periscapular strain, bilateral elbow medial and lateral epicondylitis, cervical musculoligamentous sprain with multilevel neural foraminal narrowing, bilateral wrist tendinitis with de Quervain's, psychiatric, internal medicine, and gastrointestinal complaints, as well as headache. Previous treatment has included carpal tunnel release on the left on 08/15/14, hot and cold packs, paraffin bath, physical therapy and chiropractic treatment. A request for Fexmid 7.5 mg #60 was non-certified as a utilization review on 08/29/14 with the reviewing physician noting that in this chronic stage, there would be no acute indication for muscle relaxants which are typically reserved with caution as a second line agent for acute exacerbations of pain complaints. Most recent progress note dated 09/26/14 indicates the patient complains of left forearm/wrist pain. It was noted the patient completed 8 sessions of postoperative rehabilitative therapy and reports less pain but continues to complain of residual pain with weakness and difficulty with gripping/grasping. The patient also reports continued numbness and tingling to the first-third digits. With regard to the cervical spine, bilateral shoulders and bilateral elbows, the patient complains of off and on flare-ups. Her home exercise program is slightly helpful. Review of systems was positive for heartburn, joint pain, muscle spasm, numbness, and headaches. Pain was rated at 4/10 with medications and 8/10 without medications. Functional benefit includes ability to perform ADLs and improved participation in a home exercise program. Physical examination of the bilateral forearms/wrists revealed healed scar consistent with left carpal tunnel release with minimal swelling. There was tenderness to palpation over the flexor and extensor tendons, left greater than right, greater than first dorsal extensor compartments, bilaterally. Tinel's test and Phalen's tests were positive on the right and

elicit local sensitization on the left. Examination of the cervical spine, bilateral shoulders and bilateral elbows remains unchanged. Additional postoperative physical therapy was requested.

### **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 Page(s): 63.

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

**Decision rationale:** The CA MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there is no significant functional benefit noted with use of muscle relaxants. The patient reports subjective complaints of muscle spasm; however, this is not documented on physical examination. As there is no indication this patient is currently experiencing an acute flareup of symptoms, and date of injury is noted to be in 2011, ongoing use of muscle relaxants in the chronic setting is not supported by guidelines criteria. Frequency of dosing is not specified in the request. Therefore, Fexmid 7.5 mg #60 is not medically necessary.