

<b>Case Number:</b>	CM14-0165717		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/09/2001
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Louisiana. 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 50 year old female who was injured on 10/09/2001. The mechanism of injury is unknown. She has been treated conservatively with chiropractic treatment (which helped to decrease headache, numbness and tingling for two to three days), acupuncture treatment and transcutaneous electrical nerve stimulation (TENS) unit. Her medication history included Ultram, Tylenol, Motrin, Carafate and Nexium. Diagnostic studies reviewed MRI cervical spine dated 6/16/2014 revealed there is reversal of the cervical lordosis, at C4-C5; there is a broad 3-mm midline disc protrusion resulting in flat the thecal sac with a mild degree of central canal narrowing. Progress report dated 6/6/2014 indicates the patient presented with complaints of neck pain radiating to the wrists with numbness and tingling. Her headaches have improved. On examination of the cervical spine, there is tenderness to palpation with spasm over the paraspinal musculature and trapezius muscle. Compression test elicits radicular symptoms to the trapezius muscle. Range of motion of the cervical spine is measured as follows: flexion 35 degrees; extension 35 degrees; left rotation 65 degrees; right rotation 70; degrees bending is 37 degrees; and left side bending is 35 degrees. Examination of the right elbow reveals tenderness to palpation over the medial and lateral epicondyle regions. Cozens test, Reverse Cozens test, Tinel's sign and bent elbow test are positive. The patient was diagnosed with cervical spine musculoligamentous sprain and strain with three millimeter disc bulge with minimal central stenosis, bilateral upper extremity radiculitis and right elbow cubital tunnel syndrome, and medial and lateral epicondylitis. She was recommended Fexmid and a Trigger point injection to the bilateral trapezius muscles. Prior utilization review dated 9/16/2014 indicated the request for Fexmid 7.5 mg #60 is modified to certify Fexmid 7.5 mg #45 as the medical necessity has been established and the request for Trigger point injection to the bilateral trapezius muscles are denied as the medical necessity has not been established.

## 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 Muscle Relaxants.

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

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Fexmid is a sedating muscle relaxant recommended for flare-ups of chronic pain and muscle spasms for short-term use (2-3 weeks). The supporting documentation indicates the ongoing use of Fexmid has exceeded the guideline recommendations and there is no supporting documentation showing any sustainable improvement in pain or function. Therefore, this request is not medically necessary.

**Trigger point injection to the bilateral trapezius muscles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injection, Page(s): 122.

**Decision rationale:** Per guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence of twitch response upon palpation as well as referred pain. They are only appropriate when symptoms have persisted for more than three months, medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants have failed to control pain, and when radiculopathy is not present. In this case, the supporting documentation indicated bilateral upper extremity radiculitis, which does not meet the criteria of the guidelines. Therefore, this request is not medically necessary.