

Case Number:	CM14-0068580		
Date Assigned:	07/14/2014	Date of Injury:	04/15/2010
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 42-year-old female who was reportedly injured on 04/15/2010. The mechanism of injury is not listed in the records reviewed. The last follow-up consultation report dated 06/09/2014, indicates Complex Regional Pain Syndrome (CPRS) with obvious but intermittent signs of sympathetic dystrophy of the left foot with ipsilateral and contralateral extension into the bilateral upper extremities, right heel and right thigh associated with severe intermittent muscular cramping. The injured worker has been treated with physical therapy, three lumbar sympathetic ganglion blocks and a trial of Gabapentin all of which she was not responsive to. Bilateral carpal tunnel syndrome with median neuropathy confirmed by electrodiagnostic testing on 03/05/2014. Low back pain consistent with lumbosacral strain, sprain and possible extension of CPRS into the lumbar spine. Constipation related to previous use of opioid analgesics with improvement following Promolaxin 100mg three times a day. The injured worker complains of constant cramping in the arms and primarily the left leg which is relieved with Fexmid once or twice daily. A request was made for Fexmid 7.5mg #60 and Promolaxin 100mg #100 and was not certified on 02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine 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. In this case, the medical records do not document the presence of muscle spasm on examination. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Fexmid is not established per guidelines.

Promolaxin (Docusate Sodium) 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Per CA MTUS guidelines, prophylactic treatment of constipation should be initiated with continuous opioid therapy, which is not the case in this injured worker. Thus, the request is not considered medically necessary.