

Case Number:	CM14-0197365		
Date Assigned:	12/05/2014	Date of Injury:	08/19/1999
Decision Date:	01/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Montana. 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 has a cumulative trauma injury with date of injury of 8/9/99 this claim is accepted for bilateral shoulders, neck, back, /hands, elbows and psyche. Treatment has included physical therapy including TENS unit, and medications including tramadol, cyclobenzaprine, naproxen, and Protonix. She also has rheumatoid arthritis and uses prednisone and methotrexate. Surgical treatments have included bilateral carpal tunnel releases, epicondylar releases of the left elbow and right elbow arthroscopic surgery for subacromial decompression and anterior cervical decompression and fusion at C5-6 on 5/213. Diagnoses include lumbar strain, cervical strain with intervertebral disc herniation at C5-6 status post anterior cervical decompression and fusion with neurologic deficits, bilateral upper extremity overuse syndrome, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome status post bilateral releases, and bilateral lateral epicondylitis status post releases. The primary treating physician has requested retroactive approval for Fexmid 7.5 mg #60 which was dispensed on 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The MTUS notes that cyclobenzaprine (Fexmid) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Fexmid is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine (Fexmid) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. 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. In this case the medical records show that Fexmid was prescribed on 2/5/14. The primary treating physician's note on 9/22/14 indicates that an additional 60 tablets were dispensed. No muscle spasm or spasticity is documented during that evaluation. The continued use of cyclobenzaprine is not consistent with the MTUS guidelines. The request for Fexmid 7.5 mg #60 (retro) is not medically necessary.