

<b>Case Number:</b>	CM15-0006584		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56 year old male, who sustained an industrial injury on September 12, 2014. He has reported falling on left shoulder after a chair broke he was sitting in. The diagnoses have included cervical spine musculoligamentous sprain/strain and lumbar spine musculoligamentous sprain/strain and left shoulder full thickness supraspinatus tendon tear with retraction, severe degenerative joint disease acromioclavicular joint and degenerative superior labrum with effusion. The records show that after the injury he developed neck and low back pain. Magnetic resonance imaging of left shoulder on October 13, 2014 showed a full thickness rotator cuff tear. Treatment to date has included physical therapy with E-Stim and oral medication. The records show that cyclobenzaprine was ordered on 9/16/14 and again on 10/10/14. Currently, the injured worker complains of severe and constant shoulder pain, neck pain and low back pain. On January 6, 2014 Utilization Review non-certified a Fexmid 10mg quantity 60, citing the Medical Treatment Utilization Schedule Guidelines. On December 23, 2014, the injured worker submitted an application for IMR for review of Norco 10/325mg quantity 60 and Fexmid 10mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Fexmid 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants 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 9/16/14 and 10/10/14 without documented evidence of any clinical or functional improvement. The continued use of cyclobenzaprine is not consistent with the MTUS guidelines. The Utilization Review of 1/6/15 modified the request for Fexmid for quantity 42, allowing 3 weeks of treatment which is consistent with the MTUS guidance, The request for Fexmid 10 mg #60 is not medically necessary.