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| Case Number: | CM15-0145607 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 05/14/2014 |
| Decision Date: | 09/08/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 53-year-old male who sustained an industrial injury on 5/14/14. Injury was reported due to cumulative trauma while working as an electrician. Records documented that this injured worker had been prescribed cyclobenzaprine since at least 5/24/14. The 7/2/14 cervical spine MRI impression documented cervical spondylosis with central canal stenosis, most marked at C6/7 where there is spinal cord compression and myelomalacia. There was also central canal stenosis at C5/6 with associated neuroforaminal compromise. The 4/3/15 bilateral upper extremity electrodiagnostic study conclusion documented bilateral C8 radiculopathy with moderately severe chronic and acute denervation on the left and mild on the right, and possible mild underlying C7 radiculopathy. There was also moderate to moderately severe underlying median neuropathy at the bilateral carpal tunnels. He underwent anterior cervical discectomy and fusion at C4-C7 on 5/5/15. The 6/29/15 treating physician report indicated that the injured worker was doing very well and cited improving neck pain following surgery with some left upper extremity symptoms. He had completed 8 visits of physical therapy and was weaning from medications but needed something for pain and spasms. Medications reduce the pain from 7/10 to 4/10. Physical exam documented normal reflex, sensory and motor testing in the upper and lower extremities. He had normal gait and was able to heel/toe walk. There was cervical tenderness and paraspinal muscle spasms. The treatment plan recommended continued medications, including cyclobenzaprine, Norco, and Tramadol ER. These medications decreased the injured worker's pain by approximately 2-3 point on the pain scale and allowed improved his ability to perform activities of daily living. Authorization was requested on 6/29/15 for Fexmid

(Cyclobenzaprine) 7.5 mg, quantity: 60. The 7/13/15 utilization review non-certified the request for Fexmid (Cyclobenzaprine) 7.5 mg, quantity: 60 as there was no current evidence of acute muscle spasms limiting function. The 7/31/15 treating physician report appeal letter cited the MTUS guidelines for the use of non-sedating muscle relaxants as indicated for acute exacerbations of chronic low back pain and radicular pain syndromes. There was no additional clinical documentation provided specifically relative to this injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg, quantity: 60, per 6/29/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California MTUS guidelines recommend the use of cyclobenzaprine (Fexmid) as an option, using a short course of therapy, in the management of back pain and for post-operative use. Treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use. Records indicate that this medication has been prescribed throughout the post-operative period, which was 8 weeks at the time of this request. There is documentation of general pain reduction and functional benefit with the injured worker's medication regime, but no specific documentation relative to this medication. There is no compelling rationale presented to support the medical necessity of continued use of this particular muscle relaxant beyond the recommended timeframe and as an exception to guidelines. Therefore, this request is not medically necessary.