MAXIMUS Federal Services

Case Number:	CM15-0148970		
Date Assigned:	08/12/2015	Date of Injury:	12/05/2014
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 21 year old male, who sustained an industrial injury on December 5, 2014. He reported chest pain, bilateral hand pain and head pain after being electrocuted and losing consciousness. The injured worker was diagnosed as having history of high voltage electrocution injury involving the left upper extremity on December 5, 2014, post injury diffuse peripheral nerve injury with probable brachial plexitis and spontaneous hypertonia with spasm of the ulnar portion of the flexor digitorum profundus affecting the middle, ring and small fingers. Treatment to date has included diagnostic studies, conservative care, physical therapy, medications and work restrictions. Currently, the injured worker continues to report pain in the head, chest, left upper extremity, left hand, with a stoking glove distribution of loss of sensation to light touch that extends as high as the elbow and left shoulder pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 24, 2014, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst. Cyclobenzaprine was continued. Evaluation on December 29, 2014, revealed continued pain as noted. It was noted he had not improved. He also reported episodes of "passing out". Evaluation on February 2, 2015, revealed continued pain and stiffness. Evaluation on March 23, 2015, revealed continued pain as noted. Evaluation on June 22, 2015, revealed a clenched fist deformity of the left hand isolated to the middle, ring and small finger with spontaneous contractions of the digits into the palm. It was noted he could consciously open the left hand. Tinel, Phalen and Durkin's signs are negative as is pressure provocative testing. Continuation of extension splinting of the left hand and medications

were continued. Electrodiagnostic studies were recommended and surgical intervention was discussed. Retrospective Fexmid Cyclobenzaprine 7.5 mg #60 dispensed on 6/24/2015 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid Cyclobenzaprine 7.5 mg #60 dispensed on 6/24/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63-66.

Decision rationale: Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to the reviewed literature, Fexmid is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment and it is not recommended for longer than 2-3 weeks. According to the CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. It was reported the injured worker had been using this medication for months with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. In addition, the documentation lacked pain scales from one visit to the next to compare the efficacy of the prescribed medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment was not medically necessary.