

Case Number:	CM15-0162195		
Date Assigned:	08/28/2015	Date of Injury:	12/10/2004
Decision Date:	10/09/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 12-10-2004. He reported continuous trauma of the right upper extremity. The injured worker was diagnosed as having right upper extremity continuous trauma disorder. Treatment to date has included AME (4-29-2015), medications, magnetic resonance imaging, left carpal tunnel release (January 2012), right carpal tunnel release (2010), and electrodiagnostic studies. The request is for Fexmid. Several pages of the medical records have handwritten information which is difficult to decipher. On 3-13-2015, he is seen for an orthopedic second opinion surgical consultation. He rated his pain 8 out of 10. He reported pain to the right shoulder, right arm, neck and right wrist. He indicated there to be tingling, radiating pain, tenderness and fatigue. The treatment plan included: electrodiagnostic studies, and work status is disabled. On 4-29-2015, he is seen by AME. On 5-22-2015, he reported right shoulder pain rated 7-8 out of 10. There are spasms noted on physical examination. The work status is temporarily totally disabled. The treatment plan included: electrodiagnostic studies, refilling Ultram, Fexmid, Axid, Ultracin lotion. Fexmid is noted to reduce spasms. On 7-6-2015, he was given prescription for Cyclobenzaprine. He reported right shoulder pain. His work status is temporarily totally disabled. On 7-17-2015, he was seen for orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with pain in the neck, right shoulder, right arm, and right wrist. The request is for Fexmid 7.5mg #60. Per 07/17/15 Request For Authorization form, patient's diagnosis include status post continuous trauma, right upper extremity injury from November 1996 through December 10, 2004; MRI scan confirmed multiloculated ganglion cyst extending to the spinoglenoid notch, November 9, 2013, with possible supraclavicular nerve palsy. Patient's medications, per Request for Authorization dated 05/22/15 include Ultram and Fexmid. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, Muscle Relaxants (for pain) section, states: "Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): 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." Treater does not discuss this request. Review of the medical records provided indicates that the patient has been utilizing Fexmid since at least 10/21/14. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines recommend short-term use of muscle relaxants, not to exceed 3 weeks. The requested 60 tablets, in addition to prior use, do not imply short duration therapy. Therefore, the request is not medically necessary.