

<b>Case Number:</b>	CM15-0181769		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 61 year old female, who sustained an industrial injury on 8-17-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for status post right DeQuervain's release in 2013, right wrist tenosynovitis with mild carpal tunnel syndrome, and left wrist tenosynovitis with subclinical carpal tunnel syndrome (NCS (nerve conduction study) 3-2013). On 7-17-2015, the injured worker reports worsening pain of bilateral wrists and hand with numbness and tingling. Her pain is rated 7-8 out of 10. The injured worker reports a 50% decrease of right hand numbness and tingling following a carpal tunnel injection on 3-19-2015, but the effect has worn off. The treating physician notes that she has not worked since 4-2015 due to being laid-off. The physical exam (7-17-2015) reveals bilateral flexor and extensor tendon tenderness, right greater than left positive Tinel's, and decreased sensation of the right median nerve distribution. Treatment has included postoperative physical therapy, chiropractic therapy, acupuncture, home exercise program, work restrictions, a right wrist carpal tunnel steroid injection, and medications including pain (Ultram) and muscle relaxant Fexmid since at least 4-2015. On 7-17/2015, the requested treatments included Fexmid (cyclobenzaprine) 7.5 mg Qty 60. On 8-28-2015, the original utilization review non-certified a request for Fexmid (cyclobenzaprine) 7.5 mg Qty 60 due to non-specified medical indications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (cyclobenzaprine) 7.5 mg Qty 60 (retrospective DOS 07/17/15): 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): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. In addition, 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic wrist pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.