

Case Number:	CM15-0025296		
Date Assigned:	02/17/2015	Date of Injury:	05/31/2012
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/10/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury reported on 5/31/2012. She has reported numbness, tingling and discomfort in the back and bilateral upper extremities, improved slightly with medication. The diagnoses were noted to have included pain of the shoulder and upper arm, with rotator cuff syndrome and impingement of the bilateral shoulders; cervical disc disease, facet syndrome, stenosis, and radiculopathy; and status-post bilateral carpal tunnel and de Quervain's release. Treatments to date have included consultations; diagnostic imaging studies; extracorporeal shock wave therapy for cervical spine injury; surgery; and medication management that. The work status classification for this injured worker (IW) was noted to be returned to work on modified duty, on 12/31/14. The PR-2, dated 12/3/2014, is hand written and mostly illegible and do not appear to include the request of this Utilization Review. Except for extracorporeal shock wave therapy notes and the 12/5/2014 primary physician's medical-legal report, no more current patient notes are available for my review. On 1/23/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/16/2015, for TheraCane; and Fexmid 7.5mg, 1 by mouth twice a day, #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, exercise, muscle relaxants for pain, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theracane: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation <http://www.relaxtheback.com/theracane.html><http://www.theracane.com/>.

Decision rationale: Theracane is a massage assist devices. ACOEM and MTUS do not specifically address this intervention. Per ACOEM: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Per guidelines above which address massage, this has not been shown to be clinically effective would not be indicated.

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 64, 41-42.

Decision rationale: Fexmid is cyclobenzaprine. Per MTUS: 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. (Browning, 2001) (Kinkade, 2007) (Toth, 2004) See Cyclobenzaprine. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (ICSI, 2007) (Tofferi, 2004) Side Effects: Include anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004) Dosing: 5 mg three times a day. Can be increased to 10 mg three times a day. This medication is not

recommended to be used for longer than 2-3 weeks. (See, 2008) This medication is indicated for short term usage, as cited above. Per review of the clinical documentation provided long term usage of this medication would not be indicated.