

Case Number:	CM15-0086358		
Date Assigned:	05/08/2015	Date of Injury:	05/17/2012
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on 5/17/12. She has reported initial complaints of upper and lower back pain after a pallet fell on her at work. The diagnoses have included status post thoracic fusion, lumbar compression fracture, cervical and lumbar strain, osteopenia and headaches. Treatment to date has included diagnostics, physical therapy, conservative care and activity modifications. Currently, as per the physician progress note dated 4/6/15, the injured worker complains of severe neck and back pain that radiates to the right upper extremity with numbness, tingling and weakness which has been unchanged. She continues to report headaches and memory loss since the injury and needs to see a neurologist. She has also had depression due to the pain and is requesting to see a psychiatrist. She is going to physical therapy which has been helpful and uses Tramadol for severe pain. She also continues to report muscle spasms and requests an Interferential Unit (IF) unit for her pain. She is currently not working. The objective findings revealed diffuse numbness in the right upper extremity, positive cervical, mid back and lumbar tenderness, muscle spasms noted in the paraspinal musculature, decreased cervical range of motion, and decreased lumbar range of motion. The current medications included Naproxen, Pantoprazole, Cyclobenzaprine and Tramadol. The urine drug screen dated 2/23/15 was consistent with medications prescribed. The previous physical therapy notes were included in the records. Work status was modified duty. The physician requested treatments included Fexmid (cyclobenzaprine) 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine use alone. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.