

Case Number:	CM14-0176409		
Date Assigned:	10/29/2014	Date of Injury:	10/01/2010
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 years old female patient who sustained an injury on 10/1/2010. She sustained the injury due to a cumulative trauma from typing. The diagnoses include cervical spondylosis, bilateral lower extremity radiculopathy, possible carpal tunnel syndrome, depression, anxiety, right wrist ganglion cyst, and medication induced gastritis. Per the doctor's note dated 9/18/2014, she had significant GI complaints with the use of oral analgesic medications. The physical examination revealed posterior cervical musculature, tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points palpable and tender throughout the cervical paraspinal muscles, decreased range of motion with obvious muscle guarding, cervical range of motion in degrees: flexion 30, extension 30, left and right lateral rotation 30 right and left rotation 60; deep tendon reflexes all 2/4, upper extremity strength all 5/5 except the right upper extremity between 4/4+/5, decreased grip strength on the right compared to the left, decreased sensation along the posterolateral arm and forearm bilaterally, right greater than left in the approximate C5-6 distribution, along the along the second, third and fourth digits bilaterally with mild thenar atrophy. Positive Tinel's at the right volar aspect of the wrist, Ganglion cyst in the right anterior radial aspect of the wrist. The medications list includes Ultram 50 mg, Topamax 25 mg, Piroxicam 20 mg, Prilosec 20 mg and Fexmid 7.5 mg. She has had electrodiagnostic dated 04/18/11 which revealed mild subacute bilateral C5-6 radiculopathy and right carpal tunnel syndrome. MRI cervical spine dated 08/17/11 which revealed at C5-C6 2-3 mm disc bulge with mild central canal stenosis and mild bilateral neural foraminal stenosis, low signal within the C4 vertebral body marrow, possibly marrow sclerosis/osteoblastic metastasis. Cervical provocative discogram dated 01/31/13 which was unequivocally positive at C5-6 greater than C6-7. CT scan post discogram dated 1/31/13 which revealed findings of annular fissures at C4-5, C5-6 and C6-7, with a 3 mm disc bulge at C5-6. A cervical spine MRI dated 3/22/2011 which revealed at C5-6

a severe spondylosis with a retrolisthesis of 3 mm of C5 relative to C6, lateral recess stenosis noted bilaterally, spondylosis noted at C6-7 in a lesser extent. She has undergone a cervical epidural steroid injection on 05/11/11 and 06/22/11; cervical provocation discography at C4-5 to C6-7 on 1/13/13. She has had urine drug screen on 8/16/13 which was consistent for Tramadol, test on 2/7/14 with negative results. She has had physical therapy visits for this injury. She was approved for Cognitive Behavioral Group Psychotherapy sessions and Relaxation Training / Hypnotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5mg tablets #60 (DOS: 9/18/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Fexmid contains Cyclobenzaprine which is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is "Recommended for a short course of therapy." A MRI of the cervical spine revealed low signal within the C4 vertebral body marrow, possibly marrow sclerosis / osteoblastic metastasis. Electrodiagnostic studies revealed evidence of cervical radiculopathy. The patient had muscle rigidity and muscle guarding on exam. Per the doctor's note dated 9/18/2014, she had significant GI complaints with the use of oral analgesic medications. According to the cited guidelines Fexmid (Flexeril) is recommended for short term therapy. Short term or when necessary (PRN) use of Flexeril in this patient for acute exacerbations is medically reasonable appropriate and necessary in this patient. The retrospective request for Fexmid 7.5mg tablet #60 (DOS: 09/18/14) is medically appropriate and necessary for this patient.