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| Case Number: | CM15-0101005 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 08/28/2012 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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, Pain Management

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 34 year old female, who sustained an industrial injury on August 28, 2012. She reported that when turning a king mattress, the mattress fell onto her right upper extremity and her neck, forcing them into extension and retraction as well as the shoulder joint into extension and external rotation. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, brachial radiculitis, cervicgia, other disorder of muscle, ligament, and fascia, carpal tunnel syndrome, spasm of muscle, insomnia, gastritis, sprain of neck, sprain of muscle, and encounter of therapeutic drug monitoring. Treatment to date has included physical therapy, home exercises, chiropractic treatments, electromyography (EMG)/nerve conduction study (NCS), MRI and medication. Currently, the injured worker complains of neck pain radiating into right arm. The Treating Physician's report dated April 15, 2015, noted the injured worker rated her pain as a 6/10, noting her pain is not better as she received generic Celebrex, which did not help at all. Physical examination was noted to show significant myofascial pain and spasming of her deep cervical fascia as well as her trapezius muscles. Extension was noted to cause facet-loading pain, with palpation of the cervical facets eliciting facet tenderness. The treatment plan was noted to include continued Butrans Patch, refill of Celebrex, Protonix, and Fexmid, and recommendation for Flurbiprofen anti-inflammatory topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg 1 tab TID #90: 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 Muscle Relaxants Page(s): 63-66.

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. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.