

Case Number:	CM15-0115862		
Date Assigned:	06/24/2015	Date of Injury:	08/06/2012
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 64 year old female who sustained an industrial injury on 08/06/2012. Treatment provided to date has included: left knee surgery (12/17/2014), chiropractic manipulation, lumbar epidural steroid injection, medications (anaprox, Norco and cyclobenzaprine), and conservative therapies/care. Diagnostic tests performed include: sleep study (03/18/2015) resulting in obstructive sleep apnea. Comorbidities included hypertension. There were no other dates of injury noted. On 05/21/2015, physician progress report noted complaints of left knee pain and right shoulder pain. The pain was rated moderate in severity, and was described as intermittent, sharp, cramping, aching, and weak. Additional complaints included difficulty sleeping. Current medications include Norco and Fexmid. The physical exam revealed tenderness to the left knee with restricted range of motion (ROM), and decreased ROM in the right shoulder. The clinical note is had written and difficult to decipher; however, there does appear to be complaints of joint pain, muscle spasms and muscle soreness. The provider noted diagnoses of status post left knee surgery, lumbar spine strain/sprain, strain/sprain of the knee and leg, spondylolisthesis, thoracic or lumbosacral neuritis or radiculitis, and right shoulder strain/sprain. Plan of care includes medications (Norco and Fexmid), full night CPAP titration sleep study, MRI of the right shoulder, surgical consultation, and follow-up. The injured worker's work status remained temporarily partially disabled with restrictions. The request for authorization and IMR (independent medical review) includes: Fexmid 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle Relaxants (for pain) Page(s): 41-42, 63-64.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Fexmid) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the records show that Fexmid has been prescribed since 12/15/2014. There is no documentation of a decrease in pain or muscle spasms, or any functional improvement from prior Fexmid use. There is no clinical indication presented for the chronic or indefinite use of this medication. In addition, there is no specified quantity requested for this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.