

<b>Case Number:</b>	CM13-0018651		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 57 year old male with an injury date on 03/04/2009. Based on the 06/13/13 PR-2 provided by [REDACTED], the patient presents with significant right shoulder pain and lower back pain radiating to his right lower extremity with numbness in his right foot. "He has moderate to significant tenderness over the right shoulder joint and supraspinatus and biceps tendons. There is limited range of motion of the right shoulder in all directions, especially overhead and back reaching, secondary to increased pain. He has tenderness and trigger points in the right shoulder girdle and arm musculature." There is also a limited range of motion of the lumbar spine in all directions with severe tenderness over the lumbar spinous processes, over the interspaces/facet joints from L1 to S1 (with positive provocation test), and over the sacroiliac joints bilaterally. The patient has a positive straight leg raise in the sitting position to 55 degrees on the right and to 60 degrees on the left. Sensory exam showed diminished sensation to touch at the right L4, L5, and S1 nerve root distributions. [REDACTED] requests a retrospective FEXMID 7.5 mg #60. The UR determination being challenged is dated 08/21/13 and recommends denial of the request. [REDACTED] is the requesting provider, and he provided treatment reports from 01/10/13-11/25/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE FEXMID 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexiril<sup>®</sup>, Amrix, Fexmid, generic available). Page(s): 64.

**Decision rationale:** The progress report dated 04/18/13 by [REDACTED] was the first PR-2 to mention the patient's prescription of Fexmid- stating that the patient was currently taking his Fexmid medication. In his 06/13/13 PR-2, [REDACTED] mentions that the patient's "pain is returning and worsening." According to the MTUS guidelines, cyclobenzaprine's are "not recommended to be used for longer than 2-3 weeks." Based on review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. It would appear that the patient's condition has worsened over the following 3 weeks after Flexeril was first used. The request is not certified.