

<b>Case Number:</b>	CM13-0022935		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Orthopedic Surgery 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 injured worker is a 65 year-old individual who was reportedly injured on 1/22/2007. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 8/1/13, indicates that there are ongoing complaints of neck pain, bilateral upper extremity pain, low back pain, and lower extremity pain. The physical examination demonstrated cervical spine: positive tenderness to palpation over the paraspinal muscles and trapezius with spasm bilaterally. No recent diagnostic studies are available for review. Previous treatment includes a brace, medications, and modified duty. A request had been made for fexmid 7.5mg #60, and was not approved in the pre-authorization process on 8/26/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FEXMID 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use.

Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for the continued use of this medication for chronic pain. As such, the request is not medically necessary and appropriate.