

<b>Case Number:</b>	CM13-0071267		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Occupational 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:

The applicant has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work first claimed on May 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture; and a lumbar L4-L5 laminectomy procedure on February 19, 2013. In a utilization review report of December 12, 2013, the claims administrator apparently approved a prescription for Vicodin while denying a request for Fexmid (cyclobenzaprine). The applicant's attorney subsequently appealed. In a handwritten progress note of December 24, 2013, the applicant was apparently given prescriptions for both hydrocodone and cyclobenzaprine and asked to stay off of work, on total temporary disability. In addition to having issues with low back pain, 2 to 6/10, the applicant is also having mood disturbance. In a November 14, 2013 psychiatry note, the applicant was described as using a variety of psychotropic medications, including Ambien, Wellbutrin, and BuSpar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FEXMID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** No, the request for Fexmid (cyclobenzaprine) is not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is "not recommended." In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications, including Wellbutrin, BuSpar, Ambien, Vicodin, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on independent medical review.