

<b>Case Number:</b>	CM13-0072189		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 records reflect a diagnosis of a lumbar sprain/strain. The date of injury is May, 2009. Requests for this medication were not certified in the preauthorization process. The progress notes indicate that a course of acupuncture has been completed and there are ongoing complaints of pain. Straight leg raising is noted to be positive. Multiple medications were prescribed. Topical preparations are also employed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FEXMID (FLEXERIL) 7.5MG # 90 WITH NO REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Physical Medicine.

**Decision rationale:** When noting the date of injury, the mechanism of injury, the injury sustained and that multiple medications are being employed with no reported efficacy, utility, or increase in functionality, there is insufficient clinical data presented to support this request. Furthermore, the use of this preparation is for short course interventions and not chronic indefinite application. Therefore, this request is not certified.

