

<b>Case Number:</b>	CM13-0072505		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/26/2003
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/04/2013
<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 Family Practice and is licensed to practice in Texas. 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 70 year old male who reported an injury on 05/26/2003 secondary to standing for a long period of time. The clinical document dated 10/28/2013 reported the injured worker complained of sporadic pain in the calf rated at a 5/10. The injured worker reportedly stated the medications helped but he stopped taking them and he had been participating in a home exercise program. The physical examination reported the injured worker had normal reflex, sensory and strength testing to his bilateral upper and lower extremities. He reportedly had minimal lumbar tenderness with lumbar spine range of motion decreased by 25%. The injured worker has undergone an unknown amount of physical therapy session and had a MRI on 03/01/2012 with findings to include degenerative disc disease and bulge at L5-S1. The injured worker's medication regimen included Norco, Terocin, Fexmid, and Ultram. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FEXMID 7.5MG TID DISPENSED ON 11/20/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine And Muscle Relaxants Page(s): 41,63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The injured worker has a history of leg and back pain. The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also show efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical information, provided for review, the injured worker has been taking this medication since approximately 02/2013 which far exceeds the short term use recommended by the guidelines. In addition, there was a lack of documentation indicating the injured worker had significant muscle spasms. Therefore, the request for Fexmid 7.5mg is not medically necessary.