

<b>Case Number:</b>	CM14-0158401		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 and Mississippi. 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 54-year-old female who reported injury on 12/20/2010. The mechanism of injury was not included in the documentation submitted for review. Her diagnoses were noted to include pulmonary hypertension, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome and right sacroiliac joint arthropathy. Her past treatments included physical therapy, chiropractic manipulation therapy, right transforaminal epidural steroid injection to the L4-5 and right L5-S1 regions medications and a home exercise program. The pertinent surgical history was not included in the documentation submitted for review. The clinical note dated 05/21/2014 noted the injured worker complained of low back pain rated 8/10; she described the pain as a burning and throbbing sensation radiating to the bilateral legs, especially to the right leg with numbness, tingling and throbbing sensation with weakness, as well as electrical shock sensation. The documentation also noted the injured worker was not taking her medication regularly due to drowsiness and constipation. The injured worker's medication regimen was not included in the documentation submitted for review. The physician's treatment plan included recommendations that the injured worker continue her medications and continue her at home exercise, stretches and core stabilization techniques and attempt to engage in no strenuous aerobic activities. There was no rationale for the request included in the documentation provided. The Request for Authorization was not included in the documentation submitted for review.

### 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 Muscle Relaxants.

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

**Decision rationale:** The request for Fexmid 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state treatment should be brief and the addition of cyclobenzaprine to other agents is not recommended. The documentation stated the injured worker was not taking her medication regularly due to drowsiness. The injured worker's medication regimen was not included in the documentation submitted for review. There was a lack of documentation demonstrating the injured worker had significant objective functional improvement and evidence of spasms. There was a lack of documentation indicating how long the injured worker has been prescribed Fexmid. Additionally, the request submitted did not include a frequency of the medication. In the absence of this documentation, the request for Fexmid 7.5 mg #60 is not supported. As such, the request is not medically necessary.