

<b>Case Number:</b>	CM14-0166720		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/28/2004
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York and Maryland. 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:

Patient is a 65 year old claimant with industrial injury of March 28th, 2004. The claimant has chronic intractable cervicgia with radicular symptoms to bilateral upper extremities, bilateral knee region, recurrent myofascial strain and dependence on a spinal cord stimulator as well as multiple pain medications. Clinical examination on august 28th, 2014 confirms painful neck and lumbar range of motion. Claimant states that the spinal cord stimulator provides very good pain control. There is no documentation of acute myospasm or breakthrough muscle spasms. There is a request for Cyclobenzaprine for acute myospasm which is being questioned in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The CA MTUS guidelines recommend the use of a muscle relaxant, primarily for short-term management of spasticity and myofascial pain syndrome of acute flare-ups of back pain. The efficacy of muscle relaxant medications appears to diminish over time, and

prolong use of some medications in this class may lead to dependence. The side effects include drowsiness, dizziness, dry mouth, hypotension, weakness, as well as hepatotoxicity. The claimant does not currently have acute myospasm or breakthrough myospasm and therefore continuing this medication will only add to patient's adverse effects rather than helping his chronic pain. Therefore, based on the guidelines and the clinical documents available, this request is not medically necessary.