

<b>Case Number:</b>	CM14-0170702		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with an injury date of 06/12/14. Based on the 07/25/14 progress report provided by [REDACTED] the patient complains of neck pain that travels to her bilateral upper extremities, and low back pain that travels to her right leg. Physical examination of the lumbar spine revealed tenderness to the lumbar paraspinals and the sacroiliac joint on the right. Range of motion was decreased, especially on flexion and right lateral bending 10 degrees. Examination of the cervical spine revealed decreased range of motion, especially on lateral bending 20 degrees bilaterally, positive Spurling on right, tenderness to palpation noted on right subacromial space, dorsal right wrist and hand. Patient is currently taking Advil OTC. Patient's recommended medications include Anaprox, Protonix, Norco and Fexmid. Provider states in progress report 09/26/14 that pain symptoms improve with physical therapy. Diagnosis 07/25/14- cervical spine pain- cervical spine myofascialgia- bilateral shoulder pain- bilateral shoulder myofascialgia- right hand pain- right wrist pain- right carpal tunnel syndrome- lumbar spine pain- myofascialgia, lumbar spine- bilateral hip pain- right hip greater trochanteric bursitis- bilateral knee pain- dyspepsia- sleep disturbance- [REDACTED] is requesting Fexmid 7.5mg #60. The utilization review determination being challenged is dated 10/09/14. The rationale is "no clinical findings, no physical examination findings, no diagnosis submitted, no functional impairments," [REDACTED] is the requesting provider and he provided treatment reports from 07/25/14 - 09/06/14.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with neck pain that travels to her bilateral upper extremities, and low back pain that travels to her right leg. The request is for Fexmid 7.5mg #60. Her diagnosis dated 07/25/14 includes lumbar spine pain, lumbar and cervical spine myofascialgia, bilateral shoulder myofascialgia and bilateral hip pain. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Patient is currently taking Advil OTC and provider is recommending Fexmid per progress report dated 07/25/14. Provider states in progress report 09/26/14 that pain symptoms improve with physical therapy. Review of medical records show that patient has not had muscle relaxants prescribed. The request would be reasonable if the intent of the prescription was for a short-term use to address acute flare-up or exacerbation of the chronic pain. But the provider does not document this and it appears to be prescribed to address the patient's chronic pain for long-term use. MTUS only recommends shorter-term (no more than 2-3 weeks) for sedating muscle relaxants. Therefore, the requested medication is not medically necessary and appropriate.