

<b>Case Number:</b>	CM14-0023441		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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 60 year old female claimant who sustained a work injury on 3/4/02 involving the left shoulder, neck and wrists. She had a diagnosis of cervical disc protrusions with neuroforaminal stenosis (C34-C7), left shoulder rotator cuff tear and right carpal tunnel syndrome. A recent exam report on 1/21/14 indicated the claimant had 6/10 pain with bilateral paravertebral tenderness. Her axial compression test was positive and her cervical range of motion was reduced. She had been on Fexmid and Motrin for muscle spasms and pain control. Her treating physician had requested her Fexmid to be continued for an additional month. A pain management report on 3/4/14 indicated the claimant had continued 6/10 pain with spasms in the neck and shoulder. She had undergone physical therapy since the prior visit. She remained on Fexmid for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FEXMID 7.5MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Cyclobenzaprine is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. In this case, the claimant had been on Fexmid for several months without improvement in function or physical findings. The pain level remained the same. Based on the MTUS Chronic Pain Guidelines and the lack of documented functional improvement, the request for Fexmid is not medically necessary.