

<b>Case Number:</b>	CM14-0041334		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 58 year old male injured on 03/05/02 due to lifting a heavy object resulting in low back pain. Diagnoses included lumbar disc herniation with stenosis and bilateral radiculopathy, left shoulder rotator cuff tendinitis/tear with impingement and adhesive capsulitis, anxiety, depression, and insomnia. Clinical note dated 02/25/14 indicated the injured worker presented complaining of flare up of low back pain with extension into the right leg in addition to difficulty sleeping. Physical examination of the lumbar spine revealed decreased range of motion and tenderness in the lumbar paraspinal musculature. Treatment plan included physical therapy two times a week for six weeks and prescriptions for Norco, Tramadol, Prilosec, and Ambien. The initial request for Fexmid 7.5 milligrams quantity ninety was noncertified on 02/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #90:** 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 Page(s): 41.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was no discussion regarding this medication in the documentation provided. As such, the medical necessity of Fexmid 7.5 milligrams quantity ninety cannot be established at this time. Therefore this request is not medically necessary.