

<b>Case Number:</b>	CM14-0047284		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 55-year-old female who reported injury on 03/09/2012 was a dental assistant. Job duties included overhead reaching, bend, push, pull, lift, and grip up to 2/3 of the day, stood, walked, twisted each more than 2/3 of the day. She sustained injuries to her left shoulder. The injured worker's treatment history included urine drug screen, x-rays, MRI, medication, and surgery. The injured worker was evaluated on 05/23/2014 and it was documented the injured worker complained of total body pain, chronic fatigue, problem sleeping, and more back pain. The physical examination revealed severe tender points with paraspinal spasms. Diagnoses included myalgia and myositis NOS and lumbar disc displacement. Medications included Cymbalta, tramadol topical, and diclofenac. Request for Authorization and rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Fexmid 7.5 mg with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The requested service is not medically necessary. According to the California (MTUS) Chronic Pain Medical Guidelines the guidelines recommends Flexeril as an option using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency and duration of the medication. Therefore, the request for 60 Fexmid 7.5 mg with 3 refills 90 is not medically necessary.