

<b>Case Number:</b>	CM14-0058656		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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:

According to the records made available for review, this is a 51-year-old female with a 1/5/12 date of injury. At the time (4/10/14) of request for authorization for Fexmid 7.5mg #60, there is documentation of subjective (increased low back pain and swelling over the left shoulder) and objective (positive impingement test, positive cross arm test, and tenderness over the acromioclavicular joint, supraspinatus tendon, subacromial region, and periscapular musculature) findings, current diagnoses (cervical/trapezial musculoligamentous sprain/strain and myofascial pain syndrome, lumbar musculoligamentous sprain/strain with radiculitis, and left shoulder periscapular strain with bursitis), and treatment to date (medications (including ongoing treatment with Fexmid since at least 6/21/13), lumbar epidural steroid injection, and aquatic therapy). There is no documentation of acute exacerbation of chronic low back pain; Fexmid is used as a second line option for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical/trapezial musculoligamentous sprain/strain and myofascial pain syndrome, lumbar musculoligamentous sprain/strain with radiculitis, and left shoulder periscapular strain with bursitis. In addition, there is documentation of ongoing treatment with Fexmid. However, there is no documentation of muscle spasms or acute exacerbation of chronic low back pain. In addition, given the documentation of ongoing treatment with Fexmid since at least 6/21/13, there is no documentation that Fexmid is used as a second line option for short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fexmid use to date. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5mg #60 is not medically necessary.