

<b>Case Number:</b>	CM14-0091287		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Nevada. 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 records presented for review indicate that this 43-year-old male was reportedly injured on October 22, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of neck pain and back pain. Current medications include Norco, Topamax, Fexmid, and Dendracin cream. Focused physical examination was not performed on this date. Diagnostic imaging studies of the cervical spine show a disc bulge at C4 - C5, and evidence of prior interbody fusion at C5 - C6 and C6 - C7. There was also severe left and moderate right-sided neural foraminal narrowing at C7 - T-1. An MRI of the lumbar spine noted disc bulges at L4 - L5 and L5 - S1. There was mild left and right neural foraminal narrowing at L5 - S1. Previous treatment includes a cervical spine fusion at C5 - C6 and C6 - C7 as well as the use of a spinal cord stimulator. There was also prior use of an intrathecal pain pump. A request had been made for Fexmid and was not certified in the pre-authorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mgm # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Code of Regulations - Title 8 - Effective July 18, 2009.

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

**Decision rationale:** Fexmid is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated April 22, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Fexmid is not medically necessary.