

Case Number:	CM14-0175817		
Date Assigned:	10/28/2014	Date of Injury:	12/23/2012
Decision Date:	02/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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:

60 yr. old female claimant sustained a work injury on 7/11/13 involving the low back, right shoulder and right knee. She was diagnosed with a herniated nucleus pulposus of L4/L5, impingement of the right shoulder and a meniscal tear of the right knee. The diagnoses were confirmed by MRIs performed in April 2014. The claimant had been on Fexmid since at least March 2014 for spasms. A progress note on 9/10/14 indicated the claimant had 4/10 back pain with medication. She previously had spasms which were decreased with Norflex. Exam findings were notable for tenderness in the right shoulder, right knee and lumbar spine with spasms in the lumbar spine. The claimant had been continued on Fexmid, Tramadol and Naproxen for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5 mg tablets 1 PO TID #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): 63.

Decision rationale: Cyclobenzaprine (Fexmid) 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. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. However in Low back pain they show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. The claimant had been alternating muscle relaxants for months (Fexmid and Norflex). The spasms did not abate. Continued use of Fexmid is not medically necessary.