

<b>Case Number:</b>	CM14-0196496		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/17/2009
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational Medicine 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:

This is a 48-year-old male with a 7/17/09 date of injury. According to a progress report dated 10/17/14, the patient continued to complain of debilitating pain in his lower back with radicular symptoms to his lower extremities. He has been forced to cut down on his oral analgesic medications, Norco and Dilaudid. He felt that his current medical regimen enabled him to function and provided between 50%-60% relief. Without his present medical regimen, he was bedridden. Objective findings: tenderness to palpation of lumbar musculature with increased muscle rigidity, numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles, muscle guarding with range of motion, decreased sensation along the posterior lateral thigh and posterior lateral calf on the right. Diagnostic impression: lumbar post-laminectomy syndrome status post L4-5 interbody fusion on 1/4/10, right lower extremity radiculopathy, reactive depression/anxiety, history of left chip avulsion fracture of left ankle. Treatment to date: medication management, activity modification, surgery, physical therapy, and lumbar epidural blocks. A UR decision dated 11/13/14 modified the request for Fexmid 7.5mg #60 to allow one refill for weaning purposes. Per peer discussion on 11/12/14, it was noted that the patient had significantly decreased his Norco usage, in addition to discontinuing both Valium and Dilaudid. Continued effort was to be made to reduce Fexmid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 MG #60 (Cyclobenzaprine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. 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. However, according to the records provided for review, this patient has been taking Fexmid since at least 5/1/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Fexmid 7.5 MG #60 (Cyclobenzaprine) is not medically necessary.