

<b>Case Number:</b>	CM14-0211064		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 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:

This patient sustained an injury on 10/28/10 while employed by [REDACTED]. Request(s) under consideration include Fexmid 7.5mg Qty 60. Diagnoses included shoulder impingement/strain; cervical/ thoracic/ lumbar musculoligamentous sprain/strain and radiculitis; s/p right knee arthroscopy in February 2011 and s/p left knee arthroscopy in 2009. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain to the neck, wrist and low back rated at 8.5/10 without and 7/10 with medication use. Reports have no noted changed in clinical presentation with tenderness, guarding, spasm, limited range, positive orthopedic maneuvers at thoracolumbar and cervical spine and joints, decreased sensation and motor strength of 4/5. Treatment plan included continuing with medications. The request(s) for Fexmid 7.5mg Qty 60 was non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic 2010 injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic injury. Therefore, this request is not medically necessary.