

<b>Case Number:</b>	CM14-0043611		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 33-year-old female housekeeper who sustained a work related injury on 6/20/12 after slipping and falling backwards on a wet floor. According to the 3/13/14 attending physician report, the patient continues to complain of low back pain with associated right leg numbness and tingling. The patient also has complaints of right shoulder pain. Physical examination of the lumbar spine reveals decreased range of motion in all planes. Sensation is noted to be decreased in the right foot. Strength and reflexes are noted to be decreased in the right lower extremity. Impingement signs are noted in the right shoulder. Trigger points are noted in the right trapezius. Range of motion of the right shoulder is noted to be decreased. MRI scan dated 10/5/12 found no evidence of lumbar pathology. A shoulder MRI dated 12/13/12 was found to be unremarkable. EMG/NCV studies were performed on 2/5/13 and were found to be negative for electrodiagnostic evidence of lumbosacral radiculopathy on either side. The current diagnoses are: 1. Myofascial pain syndrome 2. Strain lumbar spine 3. Right rotator cuff pain syndrome 4. Lumbosacral radiculopathy. The utilization review report dated 3/10/14 denied the request for Fexmid (Flexeril) 7.5 mg #90 1 tablet tid, refills 3 based on lack of medical necessity per MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Flexeril) 7.5 mg #90 1 tablet tid, refills 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

**Decision rationale:** The patient has persistent complaints of low back pain and right lower extremity numbness and tingling along with right shoulder pain. The current request is for Fexmid (Flereril) 7.5 mg #90 1 tablet, refills 3. MTUS guidelines states that this medication is to be used for short term use only, and not recommended longer than 2-3 weeks. This request is not supported by medical guidelines and as such, recommendation is for denial.