

<b>Case Number:</b>	CM14-0066564		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 55-year-old female, who sustained an industrial injury on 10/02/2003. The diagnoses have included lumbar post laminectomy syndrome. Treatment to date has included surgical (lumbar spinal in 2011 x 2 and spinal cord stimulator trial in 11/2012) and conservative measures. On 9/02/2014, the injured worker complained of low back pain, with radiation to both lower extremities. Concurrent psychological treatment was documented as beneficial. She received an epidural steroid injection at right C5-6 on 7/31/2014, with a decrease neck pain, headaches, and radicular symptoms in the upper extremities. Current medications included Oxycontin, Valium, unspecified non-steroidal anti-inflammatory medications, and Prilosec. Exam of the cervical spine noted decreased range of motion, decreased sensation in the C5-6 distribution, tenderness bilaterally, with increased muscle rigidity, and numerous trigger points throughout the cervical paraspinal muscles. Exam of the lumbar spine noted decreased range of motion, decreased sensation in the L5-S1 distribution, tenderness, increased muscle rigidity, and numerous trigger points throughout the paraspinal muscles. Magnetic resonance imaging of the right shoulder, performed 4/02/2014, was referenced as showing a supraspinatus tear, superior labral tear from anterior to posterior (SLAP) tear, and severe acromioclavicular joint osteoarthritis. Lumbar spine magnetic resonance imaging, performed 2/05/2013, was referenced as showing a disc protrusion with annular tear at L3-4, L4-5 severe left and moderate right facet hypertrophy, with lateral recess stenosis bilaterally, and severe left and mild right hypertrophic facet changes, with severe left recess stenosis. On 4/10/2014, Utilization Review

non-certified a request for Fexmid 7.5mg #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fexmid 7.5 mg b.i.d. # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter.

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

**Decision rationale:** Accordingly to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the injured worker has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.