

<b>Case Number:</b>	CM15-0109100		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	12/04/2007
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Texas, California Certification(s)/Specialty: Family Practice

### 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 was a 65 year old female, who sustained an industrial injury, December 4, 2007. The injured worker previously received the following treatments 2 successful facet joint injections, Ultram and Flexmid. The injured worker was diagnosed with displacement of the intervertebral disc and bilateral L3, L4, L5 facet joint radiofrequency neurotomy. According to progress note of May 7, 2015, the injured workers chief complaint was increased pain in the lower back. The pain was mostly in the axial in nature and aggravated by attempts to straighten or extends into the lower back. The injured rated the pain 8 out of 10 without pain medication. The physical exam noted tenderness with palpation bilaterally with increased muscle rigidity. There were numerous trigger points palpable and tender throughout the cervical and paraspinal musculatures with decreased range of motion with obvious muscle guarding. The lumbar spine posterior musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There was numerous trigger points palpable and tenderness throughout the lumbar paraspinal muscles. There was decreased range of motion to the lumbar spine. The treatment plan included a prescription for Flexmid. The medication list include Ultram, Ibuprofen, Anaprox, Prilosec, Norco and Flexeril. The patient has had MRI of the cervical spine that revealed disc protrusion and foraminal narrowing, EMG of the UE that revealed C 6 radiculopathy; MRI of the lumbar spine that revealed disc protrusion and MRI of the left shoulder on 1/24/2008 that revealed osteoarthritis and tear of the supraspinatus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page 41-42, NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker previously received the following treatments 2 successful facet joint injections, Ultram and Fexmid. The injured worker was diagnosed with displacement of the intervertebral disc and bilateral L3, L4, L5 facet joint radiofrequency neurotomy. According to progress note of May 7, 2015, the injured workers chief complaint was increased pain in the lower back. The pain was mostly axial in nature and aggravated by attempts to straighten or extend the lower back. The injured rated the pain 8 out of 10 without pain medication. The physical exam noted tenderness with palpation bilaterally with increased muscle rigidity. There were numerous trigger points at the Rae palpable and tender throughout the cervical and paraspinal musculatures with decreased range of motion with obvious muscle guarding. The lumbar spine posterior musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There was numerous trigger points palpable and tenderness throughout the lumbar paraspinal muscles. There was decreased range of motion to the lumbar spine. The medication list includes Ultram, Ibuprofen, Anaprox, Prilosec, Norco and Flexeril. The patient has had MRI of the cervical spine that revealed disc protrusion and foraminal narrowing, EMG of the UE that revealed C 6 radiculopathy; MRI of the lumbar spine that revealed disc protrusion and MRI of the left shoulder on 1/24/2008 that revealed osteoarthritis and tear of the supraspinatus. The patient has evidence of muscle tightness on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, it is deemed that, the use of the muscle relaxant Fexmid 7.5mg #60 is medically appropriate and necessary in this patient.