

<b>Case Number:</b>	CM15-0019534		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	01/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

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 injured worker is a 37-year-old male, who sustained an industrial injury on June 28, 2014. The diagnoses have included lumbosacral spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis and status post sacral contusion, small disc bulge at L4-L5 without neuroforaminal and central canal stenosis, left shoulder periscapular myofascial strain and right shoulder periscapular myofascial strain. Treatment to date has included acupuncture, diagnostic ultrasound left shoulder on December 18, 2014, Magnetic resonance imaging lumbar spine on November 17, 2014, electromyogram and nerve conduction study on January 22, 2015, and oral medications. Currently, the injured worker complains of lumbar spine and bilateral shoulder pain. In a progress note dated February 2, 2015, the treating provider reports examination of the lumbar spine revealed tenderness to palpation over the paravertebral and musculature and lumbosacral junction. Straight leg raising test elicits increased low back pain without leg pain. Examination of the bilateral shoulders reveals tenderness to palpation over the periscapular musculature, trapezius muscles and interscapular muscles, left side greater than right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Fexmid (Cyclobenzaprine) 7.5mg #60:** 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): 63-66.

**Decision rationale:** According to the 02/02/2015 report, this patient presents with low back pain with numbness and tingling into the bilateral lower extremity. The current request is for 1 prescription of Fexmid (Cyclobenzaprine) 7.5mg #60. The request for authorization is on 02/02/2015. The patient's work status is Permanent and Stationary. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Fexmid #60 and it is unknown exactly when the patient initially started taking this medication. Fexmid is not recommended for long-term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.