

<b>Case Number:</b>	CM15-0142485		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Arizona, 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 is a 49 year old male, who sustained an industrial injury on October 8, 2012. He reported an injury to his left hip following a fall. He was diagnosed with left hip pain rule out avascular necrosis and rule out old healed hip fracture. Treatment to date has included modified work duties, NSAIDS, left hip replacement, physical therapy, home exercise program, opioid medications, and epidural steroid injection. An evaluation on April 30, 2015 revealed the injured worker complained of significant spasms and pain over this left hip and leg. He described his pain as constant, throbbing and aching. His pain was aggravated with increased activity, sneezing and cold weather. He reported that his pain is improved with medications. He rated his pain an 8 on a 10-point scale without medications and a 4 on a 10-point scale with medications. On physical examination, the injured worker exhibited an antalgic gait and had a positive left straight leg raise. He had tenderness to palpation over the greater trochanteric bursa. He had tightness, tenderness and trigger points with spasms in the left gluteus medius, maximus and piriformis muscles. He had tenderness to palpation over the left ileofemoral and ilioinguinal tendons and muscles. The diagnoses associated with the request included primary localized osteoarthritis of the pelvic region and thigh, contusion of the hip, pain in joint of pelvic region and thigh, lumbosacral sprain-strain, enthesopathy of the hip region and myalgia and myositis. The treatment plan included massage therapy and Fexmid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Fexmid 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid for several months in combination with Norco. Continued and chronic use is not medically necessary.