

<b>Case Number:</b>	CM15-0165403		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51-year-old female who sustained an industrial injury on 12-15-11. Progress report dated 8-7-15 reports continued complaints of pain in the lower spine and SI joint with some numbness and spasm. She is taking medications with benefit. Diagnoses include: chronic myofascial pain syndrome, chronic cervical and lumbar strain and chronic SI joint pain. Plan of care include: continue medications; naprosyn, omeprazole, flexeril 7.5 mg 1 three times per day with refill, neurontin, and menthoderml gel, given 4 trigger point injections bilateral shoulder trapezius and request back brace. Work status: per AME.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Fexmid (Flexeril) 7.5mg, 1 tab TID #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work-related injury in December 2011 and is being treated for low back and bilateral sacroiliac joint pain. When seen, she was having some numbness and acute muscle spasms. She was taking medications with benefit. There was bilateral sacroiliac joint tenderness with positive Fabere and Gaenslen tests. There was cervical and lumbar range of motion. There were trigger points. Fexmid was refilled for three months and has been prescribed on a long-term basis. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use of at least another three months and was not medically necessary.