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| <b>Case Number:</b>   | CM15-0198952 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 05/15/2012 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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: New Jersey

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 45 year old female, who sustained an industrial injury on 5-15-2012. Medical records indicate the worker is undergoing treatment for lumbosacral sprain-strain and right knee contusion. A recent progress report dated 9-11-2015, reported the injured worker complained of low back pain, left sacroiliac pain and right knee pain. Physical examination revealed tenderness to palpation at the bilateral lumbar paravertebral muscles, lumbosacral junction and left sacroiliac with "decreased range of motion". The right knee was tenderness to palpation at the medial and lateral joint with positive crepitus and patellar grind. Per the progress note from 9-11-2015 a lumbar magnetic resonance imaging from 8-1-2015 showed facet arthropathy at lumbar 3-sacral 1 and a right knee magnetic resonance imaging from 7-11-2015 showed a horizontal tear of the medial meniscus. Treatment to date has included medication management. The Request for Authorization is requesting Fexmid 7.5mg #60. On 9-24-2015, the Utilization Review non-certified the request for Fexmid 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was reported pain reduction and functional gains found in the notes, however, this was for the collective use of medications (Norco and Fexmid together), without any mention of how effective Fexmid was independent of the Norco and any other medications taken regularly. Regardless, there was record of having used muscle relaxants such as Fexmid beyond what would be appropriate for an acute injury, and chronic use is not recommended by the Guidelines. Therefore, this request for renewal of Fexmid for continued chronic use is not medically necessary.