

<b>Case Number:</b>	CM15-0022909		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Emergency Medicine

### 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 34 year old male with an industrial injury dated 07/27/2009. His diagnoses include myofascial pain, lumbar spine strain/sprain, and lumbosacral radiculopathy. No recent diagnostic testing was submitted or discussed. Previous treatments have included medications. In a progress note dated 01/14/2015 (including supplemental report dated 01/29/2015), the treating physician reports pain in the low back with associated numbness in the right lower extremity. The objective examination revealed spasms lumbar musculature. The treating physician is requesting Fexmid and omeprazole which were denied by the utilization review. On 01/27/2015, Utilization Review non-certified a prescription for retrospective Fexmid 7.5mg #90 (date of service: 01/14/2015), noting the non-recommended long term use, and the lack of objective functional improvement with use of this medication. The MTUS Guidelines were cited. On 01/27/2015, Utilization Review non-certified a prescription for retrospective omeprazole 20mg #100 (date of service: 01/14/2015), noting the absence of documented gastric symptoms or gastrointestinal risk factors. The MTUS Guidelines were cited. On 02/06/2015, the injured worker submitted an application for IMR for review of retrospective Fexmid 7.5mg #90 (date of service: 01/14/2015) and retrospective omeprazole 20mg #100 (date of service: 01/14/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fexmid 7.5mg #90, DOS: 1/14/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

**Decision rationale:** The requested Retrospective Fexmid 7.5mg #90, DOS: 1/14/15 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the low back with associated numbness in the right lower extremity. The objective examination revealed spasms lumbar musculature. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective Fexmid 7.5mg #90, DOS: 1/14/15 is not medically necessary.