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| <b>Case Number:</b>   | CM15-0050238 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 09/30/2010 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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 67 year old male who sustained an industrial injury on 9/30/10 from a slip and fall injuring his left shoulder, left knee and low back. He had left shoulder and left knee surgery. He currently complains of low back pain with radiation to left lower extremity, left shoulder and knee pain. His pain level is 4/10 with medications and 8/10 without medications. Medications include Ultram, Flexaril. Diagnoses include left shoulder pain, left shoulder surgery 9/25/13; left knee pain, left knee surgery 6/7/13; chronic low back pain, lumbar strain; depression; chronic pain syndrome; progressive neurological deficits. Treatments to date include lumbar epidural steroid injection (1/26/15) with no improvement in symptoms and medications. Diagnostics include MRI lumbar spine (3/23/11, 3/28/13, 4/17/14) abnormal findings; x-ray of the lumbar spine (9/3/14) abnormal finding. In the progress note dated 2/9/15 the treating providers plan of care included a refill on cyclobenzaprine as the injured worker found it helpful in reducing muscle spasms and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid Cyclobenzaprine 7.5mg #60, no NDC, no refills, muscle relaxant: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Fexmid Cyclobenzaprine.

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for FEXMID CYCLOBENZAPRINE 75 MG #60. Per 02/09/15 progress report, the patient is currently taking Cyclobenzaprine and Tramadol ER. Work status is not known. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the patient has been utilizing Cyclobenzaprine since at least 09/03/14. There is documentation of this medication's efficacy, stating " The pain is 4/10 with oral medications and is 8/10 without. The spasms are better." However, the treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. The current request for #60 does not indicate intended short-term use. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.