

<b>Case Number:</b>	CM15-0051465		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 26 year old male, who sustained an industrial injury on December 23, 2013. He reported being hit by a car with injuries to his left shoulder, knees, and back. The injured worker was diagnosed as having cervical disc displacement without myelopathy, thoracic sprain/strain, and lumbar intervertebral disc disorder (IVD). Treatment to date has included right and left knee and left shoulder MRIs, physical therapy, and medication. Currently, the injured worker complains of neck pain, mid back pain, lumbar spine pain, left shoulder pain, and bilateral knee pain. The Secondary Treating Physician's report dated February 4, 2015, noted the injured worker unchanged, remaining symptomatic, with Yoga noted to be helpful and Norco helping to keep him active. Pain was noted to cause difficulty sleeping. The lumbar spine was noted to have tenderness to palpation with decreased range of motion (ROM) secondary to pain and positive bilateral straight leg raise. The treatment plan included pain management in April, Norco, and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Therefore, the request of Fexmid 7.5mg #60 with 1 refill is not medically necessary.