

<b>Case Number:</b>	CM15-0056192		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California

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 41 year old male who sustained an industrial injury on 12/1/09. The injured worker reported symptoms in the left shoulder. The injured worker was diagnosed as having left shoulder strain/impingement. Treatments to date have included oral pain medication, home exercise program, and ice/heat application. Currently, the injured worker complains of pain in the left shoulder. The plan of care was for medication prescriptions and a follow up appointment at a later date. An appeal letter dated March 3, 2015 states that the patient underwent a trial of cyclobenzaprine in August 2014 without significant functional changes. The note indicates that the patient takes Fexmid once a day. The combination of Norco, Anaprox, and Fexmid reduce the patient's pain from 8/10 to 5/10 for 12 hours allowing him to perform activities of daily living and a home exercise program. The requesting physician cites California MTUS guidelines. He also includes a study supporting the use of cyclobenzaprine for acute skeletal muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mg Qty 60 (retrospective 10/14/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The requesting physician has included peer-reviewed literature supporting the use of cyclobenzaprine for acute injuries. However, it does not appear that the patient has an acute injury or exacerbation for which guidelines and requesting physicians peer-reviewed literature would support the use of cyclobenzaprine. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.