

<b>Case Number:</b>	CM15-0057103		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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 63 year old female, who sustained an industrial injury on 09/23/2010. She has reported subsequent bilateral knee pain, back, elbow and ankle/foot pain and was diagnosed with bilateral knee tricompartmental osteoarthritis and right lateral subluxation and tear of the posterior horn of the medial meniscus, lumbar spine musculoligamentous sprain/strain, right Achilles tendinitis and left elbow epicondylitis. Treatment to date has included oral pain medication, physical therapy, Supartz injections and surgery. In a progress note dated 02/17/2015, the injured worker complained of continued bilateral knee pain and right ankle pain. Objective findings were notable for swelling of the bilateral knees, patellofemoral crepitus, tenderness to palpation of the right lateral joint complex and right Achilles tendon and decreased range of motion. A request for authorization of Fexmid was made.

### 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 Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

**Decision rationale:** The requested Fexmid 7.5mg #60 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 bilateral knee pain, back, elbow and ankle/foot pain and was diagnosed with bilateral knee tricompartmental osteoarthritis and right lateral subluxation and tear of the posterior horn of the medial meniscus, lumbar spine musculoligamentous sprain/strain, right Achilles tendinitis and left elbow epicondylitis. Treatment to date has included oral pain medication, physical therapy, Supartz injections and surgery. In a progress note dated 02/17/2015, the injured worker complained of continued bilateral knee pain and right ankle pain. Objective findings were notable for swelling of the bilateral knees, patellofemoral crepitus, tenderness to palpation of the right lateral joint complex and right Achilles tendon and decreased range of motion. The treating physician has not documented duration of treatment, 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, Fexmid 7.5mg #60 is not medically necessary.