

<b>Case Number:</b>	CM15-0084085		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old sustained an industrial injury to the neck, back, left shoulder, left arm, right hip and right leg on 12/10/10. The injured worker was also currently also being treated for anxiety and depression. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, ice, home exercise and medications. In a PR-2 dated 11/3/14, the injured worker was prescribed Cyclobenzaprine to decrease muscle spasms. In a PR-2 dated 3/19/15, the injured worker complained of a flare-up of low back and neck pain. Physical exam was remarkable for cervical spine and lumbar spine tenderness to palpation over the paraspinal muscle, upper trapezius muscle, quadratus lumborum and facets with restricted range of motion and positive right straight leg raise. Current diagnoses included cervical spine sprain/strain with left upper extremity radiculopathy and mild spondylosis, lumbar spine sprain/strain with right lower extremity radiculitis, spondylosis and facet degenerative disc disease changes, status post right forearm contusion and psychiatric complaints deferred to a specialist. The treatment plan included chiropractic therapy for the neck and low back and medications (Anaprox DS and Cyclobenzaprine to decrease muscle spasms).

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Fexmid) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The guidelines state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such, the request for Fexmid 7.5 Mg Qty 60 is not medically necessary and appropriate.