

<b>Case Number:</b>	CM15-0089485		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old male, who sustained an industrial injury on 5/13/2011. The current diagnoses are persistent internal derangement of the right knee with torn medial or lateral meniscus, status post right knee arthroscopy (3/4/2015), chronic cervical sprain, chronic lumbar sprain, chronic sprain/strain of the bilateral shoulders, frozen shoulder syndrome bilaterally, status post arthroscopic shoulder decompression on the left, status post left knee arthroscopy, and early degenerative arthritis of the bilateral hips. According to the progress report dated 4/6/2015, the injured worker notes that symptoms are improving since right knee arthroscopy. The pain is rated 2-4/10 with medications and 8/10 without. The current medications are Fexmid and Voltaren. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, and surgical intervention. The plan of care includes prescription for Fexmid.

### 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 Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; page 124.

**Decision rationale:** Fexmid (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing recent neck pain that went into both shoulders, lower back pain that went into the legs, pain in both knees, and right groin and hip pain. These records indicated the worker had been taking this medication for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. In the absence of such evidence, the current request for 60 tablets of Fexmid (cyclobenzaprine) 7.5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.