

<b>Case Number:</b>	CM14-0127336		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported a date of injury of 09/03/2013. The mechanism of injury was reported as a fall. The injured worker had diagnoses of cervical, lumbar, and ankle sprain/strain. Prior treatments included physical therapy and acupuncture. Diagnostic studies and surgeries were not indicated within the medical records provided. The injured worker had complaints of cervical, thoracic, and lumbar spine pain. The clinical note dated 08/13/2014 noted the injured worker's range of motion of the cervical spine was 40 degrees of flexion, 47 degrees of extension, 58 degrees of left lateral flexion and, 57 degrees of right lateral flexion. The injured worker had a positive straight leg raise, tenderness to palpation with spasms of the thoracic spine, and the range of motion of the lumbar spine was 46 degrees of flexion, 12 degrees of extension, 16 degrees of left lateral flexion, and 17 degrees of right lateral flexion. Medications included Motrin and Fexmid. The treatment plan included Fexmid, Motrin, and the physician's recommendation for the injured worker to continue home exercises, the use of an interferential unit, and diagnostic study of the left ankle. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #120:** 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 (for pain), Page(s): 63-64..

**Decision rationale:** The request for Fexmid 7.5 mg #120 is not medically necessary. The injured worker had complaints of cervical, thoracic, and lumbar spine pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Most low back pain cases show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. Used to decrease muscle spasm in conditions such as low back pain. Recommended for a short course of therapy of no longer than 2 to 3 weeks. Limited, mixed evidence does not allow for a recommendation for chronic use. The guidelines recommend muscle relaxants for the treatment of acute exacerbations in patients with chronic low back pain. It is noted the injured worker received Fexmid on 02/24/2014, however, there is a lack of documentation indicating the injured worker had improvements in function to warrant the continued use of Fexmid. The guidelines also indicate muscle relaxants should not be used for longer than 2 to 3 weeks. The injured worker was prescribed Fexmid on 02/24/2014, this exceeds the recommended guidelines for use of 2 to 3 weeks. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.