

<b>Case Number:</b>	CM14-0149399		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 50-year-old male with a 3/20/03 date of injury. At the time (8/15/14) of the Decision for Fexmid 7.5 mg #120, there is documentation of subjective (chronic low back pain, pain over bilateral sacroiliac joints, right elbow pain from use of a cane, and swelling of the legs) and objective (decreased lumbar and cervical range of motion secondary to pain, tenderness to palpation over the cervical paraspinal muscles and sacroiliac joints, positive Faber's test, and tenderness to palpation over the right lateral epicondyle) findings, current diagnoses (lumbar disc displacement), and treatment to date (topical creams, Naproxen, Norco, and Doral). There is no documentation of acute exacerbation of chronic low back pain and an intention for short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc displacement. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of a request for Fexmid 7.5 mg #120, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Fexmid 7.5 mg #120 is not medically necessary.