

<b>Case Number:</b>	CM14-0160319		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 64 year old male who reported an injury on 06/01/2014. The mechanism of injury is lifting. He was diagnosed with lumbar myoligamentous injury with lower extremity radicular symptoms. The injured worker's past treatments were physical therapy, epidural steroid injections, and home therapy. On 07/23/2014, the injured worker stated that he had low back pain as well as numbness in bilateral lower extremities, rated 7 out of 10 on the pain scale. He also described that intermittent short term use of FexMid had been beneficial. His physical examination noted that he had tenderness on palpation of the posterior lumbar muscles bilaterally, increased muscle rigidity, and decreased range of motion. His medications included Norco 10/325 mg and FexMid 7.5 mg twice daily as needed; however, the duration of use was not provided. The injured worker's treatment plan was to follow-up with his orthopedic spine surgeon, a CT scan, and to refill medications. A request was received for FexMid 7.5mg BID PRN, quantity: 60. The rationale for this request was not included in the submitted clinical notes. The Request of Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg, 1 tablet BID PRN, Quantity: 60 (unspecified days supply) for the management of symptoms related to lumbar spine injury: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**Decision rationale:** The request for FexMid 7.5mg 1 tab BID PRN Quantity 60 is not medically necessary. The California MTUS Guidelines state that cyclobenzaprine is recommended to treatment pain and spasm, using a short course of therapy, specified as no longer than 2-3 weeks. The injured worker had symptoms of low back pain and tenderness on palpation and increased muscle rigidity on physical exam. He also stated that Fexmid was beneficial. However, quantifiable pain ratings with and without medication use were not provided to support adequate pain relief. In addition, the clinical documentation failed to indicate when he began use of this medication. Based on the lack of documentation regarding the duration of use, evidence of quantified pain relief, and use the guidelines only support use for 2-3 weeks, the continued use of Fexmid is not supported. Therefore, the request is not medically necessary.