

<b>Case Number:</b>	CM14-0096353		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/06/2004
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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:

There were 185 pages provided for this review. The application for independent medical review was signed on June 24, 2014. It was for Neurontin 600 mg number 120 which was delayed\conditionally non certified and Fexmid 7.5 mg number 30 which was non-certified. Per the records provided, the patient is a 52-year-old female injured back in the year 2004. She was under treatment for multiple injuries and was diagnosed with cervical discogenic disease, cervical facet arthrosis, multilevel lumbar discogenic disease, lumbar spondylosis, lumbar facet syndrome, anterolisthesis of L4 and L5, bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, bilateral ulnar neuritis and status post stimulator. They have tried cervical decompression and fusion from C3 to C5, and lumbar spinal cord stimulator implantation. There still is chronic cervical spine pain, chronic low back pain, chronic bilateral hand and wrist pain and paresthesias and bilateral ulnar neuritis. In regards to the Neurontin, additional information was needed. It was not clear what percent reduction the patient had achieved in neuropathic pain symptoms with the Neurontin. The cyclobenzaprine was being used for an extended period of time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #30:** 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 Page(s): 41-42.

**Decision rationale:** The MTUS recommends Flexeril (also known as Fexmid, or cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS.