

<b>Case Number:</b>	CM13-0064806		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/22/2011
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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, New York  
 Certification(s)/Specialty: Ophthalmology

### 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 patient is an employee of [REDACTED] who has submitted a claim for cervical and lumbar myoligamentous injury with bilateral upper and lower extremity radicular symptoms due to an industrial injury on December 22, 2011. Treatment to date has included oral analgesics, muscle relaxants, lumbar epidural steroid injections, chiropractic and physical therapy. Utilization review dated December 3, 2013 denied the request for FexMid 7.5mg #60 due to its prolonged use. Medical records from 2013 were reviewed and showed increased pain in the lower back radiating to both lower extremities more on the right. Electrodiagnostic findings were consistent with right L4-5 radiculopathy. Pain levels ranged from 6-8/10 from March to November 2013. Physical examination were consistent from January to October 2013 showing slow and antalgic gait favoring the right lower extremity with cervical and lumbar paraspinal muscle tenderness with increased muscle rigidity. There were numerous trigger points and tenderness throughout the cervical and lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. Sensation was decreased along the lateral arm and forearm in the C5 distribution bilaterally, and posterior lateral thigh and posterior lateral calf on the right. Straight leg raise was positive at 60 degrees bilaterally causing radicular symptoms. The patient has been taking naproxen since 2012, and Norco, Zanaflex and Prilosec as early as January 2013 however duration and frequency of intake was not specified. Zanaflex was then replaced with Fexmid BID on June 2013. There was no mention of response to the above medications. A progress report dated February 13, 2013 stated that patient had chronic myofascial pain in the posterior lumbar musculature in which medical management such as stretching exercises, physical

therapy, NSAIDs or muscle relaxants have failed to control. Patient underwent lumbar epidural injections which provided 60-70% pain relief lasting for 3-4 months. This enabled him to cut back amount of Norco intake from BID to OD on an as needed basis and improve his ADLs such as doing house chores and cleaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**FEXMID 7.5MG #60 DOS: 11/5/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation ODG Muscle relaxants for pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63.

**Decision rationale:** Fexmid is a brand of cyclobenzaprine, a skeletal muscle relaxant and a central nervous system depressant. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking tizanidine (Zanaflex), a class of muscle relaxant since January 2013 which was then replaced by Fexmid on June 2013. Long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. Request for Fexmid 7.5mg #60 is therefore not medically necessary.