

<b>Case Number:</b>	CM14-0210126		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, and shoulder pain reportedly associated with an industrial injury of December 10, 2010. In a Utilization Review Report dated November 17, 2014, the claims administrator approved request for Voltaren gel while denying Fexmid. The claims administrator referenced an RFA form of November 3, 2014 in its determination. The applicant's attorney subsequently appealed. In said November 3, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant reportedly discontinued Norco owing to nausea. The applicant was on Fexmid. The applicant was given prescriptions for Tylenol, Voltaren gel, and Fexmid. The attending provider stated, somewhat incongruously, that the applicant was not working and then stated he was releasing the applicant from care with no further permanent disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5mg, Qty: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using several other agents, including Tylenol, Voltaren gel, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.