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| <b>Case Number:</b>   | CM14-0215650 |                              |            |
| <b>Date Assigned:</b> | 01/05/2015   | <b>Date of Injury:</b>       | 02/25/2013 |
| <b>Decision Date:</b> | 05/29/2015   | <b>UR Denial Date:</b>       | 12/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old, male who sustained a work related injury on 2/25/13. The diagnoses have included lumbar spine musculoligamentous sprain/strain, lumbar degenerative disc disease and chronic pain syndrome. The treatments have included medications, physical therapy and low back surgery. In the PR-2 dated 12/15/14, the injured worker complains of low back pain. He rates the pain a 4/10 with medications and a 7/10 without medications. The treatment plan is refill prescription for Fexmid (cyclobenzaprine).

### 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: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid (Cyclobenzaprine) Page(s): 41-42.

**Decision rationale:** The patient presents with pain affecting the low back. The current request is for Fexmid (Cyclobenzaprine) 7.5mg QTY: 60. The treating physician states, "Cyclobenzaprine

to use PRN muscle spasms and for pain relief. The patient has found these helpful in the past for muscle spasms." (108) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has documented that the patient has been taking this medication since at least September 2014. The MTUS guidelines only recommend this medication for short term treatment. The current request is not medically necessary and the recommendation is for denial.