

<b>Case Number:</b>	CM15-0102924		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 63 year old female, who sustained an industrial injury on 10/30/2013. She reported pain of the neck, shoulder, hands, wrists, thoracic spine and lumbar spine. The injured worker was diagnosed as having cervical spine sprain, lumbar spine sprain with lower extremity radiculopathy, and bilateral wrist pain. Treatment to date has included medications, electrodiagnostic studies, and home exercises. The request is for Fexmid. Several pages of the medical records have handwritten information, which is difficult to decipher. On 12/19/2014, she complained of bilateral wrist pain. She rated her pain 6/10, and described it as dull, sharp, moderate to severe, frequent to constant, and with numbness, and weakness. The treatment plan included Fexmid. On 1/28/2015, she reported that her neck pain had been improved with acupuncture, and she had continued thoracic/lumbar pain with radiation into the bilateral lower extremities. She rated her pain 6/10. The treatment plan included referral to internal medicine specialist. On 4/8/2015, she complained of 10/10 pain, for what was termed as orthopedic residuals that were unchanged. The treatment plan included: psychiatric consultation, follow up and refilling Norco, Fexmid, and Remeron.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mg #60 per 4/8/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Evidence based guidelines do not recommend its use for more than 2-3 weeks. Therefore, the request for Fexmid 7.5 mg #60 is not medically necessary.