

<b>Case Number:</b>	CM15-0019663		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 35-year-old male, who sustained an industrial injury on August 2, 2014. He reported a slip and fall injury and reported low back pain radiating to the right lower extremity. The injured worker was diagnosed as having lumbar musculoligamentous sprain/strain with right lower extremity radiculitis and right sacroiliac joint sprain. Treatment to date has included MRI of the lumbar spine, imaging of the lumbar spine and pelvis, chiropractic therapy which provided only temporary improvement, home exercise program. Currently, the injured worker complains of low back pain with occasional right lower extremity pain, which is intermittent with increased intensity. He reports having to lift weight to lessen the pain. He describes the pain as constant, moderate and burning in nature. He rates the pain a 6-7 on a 10-point scale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in August 2014 and continues to be treated for low back pain and right lower extremity radicular symptoms. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Fexmid was not medically necessary.