

<b>Case Number:</b>	CM15-0116127		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 49 year old male, who sustained an industrial injury on 01/08/2012. On provider visit dated 04/02/2015 the injured worker has reported anterior and posterior left hip pain and thigh pain. Pain was noted 4/10 with medication and 8/10 without medication. On examination of the lumbar spine revealed pain. Tenderness to palpation of the greater trochanter bursa revealed tenderness on the left side. The injured worker s gait was noted as limping bilaterally. The diagnoses have included primary loc osteoarthritis pelvic region and thigh, contusion of hip, pain in joint pelvic region and thigh, enthesopathy of hip region, unspecified myalgia and myositis, and sprain and strain of lumbosacral. Treatment to date has included laboratory studies and medication Norco and Fexmid. The provider requested retrospective Fexmid 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fexmid 7.5mg #90 DOS: 4/30/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Fexmid 7.5mg #90 date of service April 30, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are primary loc osteoarthritis pelvic region and thigh; contusion of hip; pain in joint pelvic region and thigh; enthesopathy hip region; unspecified myalgia and myositis; and sprain strain lumbosacral. Date of injury is January 8, 2012. Utilization review indicates Fexmid (Flexeril) was prescribed as far back as August 7, 2014. The earliest progress note in the medical record showing Flexeril was prescribed is dated December 8, 2014. The progress note dated April 30, 2015 states the injured worker is status post left hip replacement with chronic pain. The injured worker has pain and spasm over the left hip and leg. The injured worker is currently working. Flexeril is recommended for short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain documented in the medical record. Additionally, Flexeril is recommended for short-term (less than two weeks). The treating provider has continued treatment since August 7, 2014 (approximately 8 months). There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation with objective functional improvement, treatment continued in excess of the recommended guidelines for short-term use and compelling clinical facts indicating Flexeril is warranted with documentation of acute low back pain or an acute exacerbation of chronic low back pain, retrospective Fexmid 7.5mg #90 date of service April 30, 2015 is not medically necessary.