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| <b>Case Number:</b>   | CM15-0116928 |                              |            |
| <b>Date Assigned:</b> | 06/24/2015   | <b>Date of Injury:</b>       | 02/28/2004 |
| <b>Decision Date:</b> | 08/11/2015   | <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

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 injured worker is a 38 year old male, who sustained an industrial injury on 2/28/2004. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbar disc bulge with radiculitis, and status post laminectomy. Treatments to date include activity modification, medication therapy, chiropractic therapy and epidural steroid injections. Currently, he complained of progressive low back pain with radiation to the left lower extremities. He reported new onset muscle pain and spasms in the low back, worse at night. On 3/18/15, the physical examination documented lumbar tenderness, decreased range of motion and positive straight leg raise test. The plan of care included Fexmid 7.5mg one tablets twice a day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Fexmed is an expensive name-brand version of cyclobenzaprine. Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. This request is for a 30-day treatment which exceeds the recommendations of the established guidelines. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Fexmid 7.5mg #60 is determined to not be medically necessary.