

<b>Case Number:</b>	CM15-0120636		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	06/05/2004
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 York  
 Certification(s)/Specialty: Emergency 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 47-year-old male, with a reported date of injury of 06/05/2004. The mechanism of injury was a slip and fall while cleaning a machine. The injured worker's symptoms at the time of the injury included loss of consciousness and low back pain with cramping pain down both legs. The diagnoses include lumbar disc bulge, carpal tunnel syndrome, sacroiliac joint arthropathy, pain in joint involving pelvic region, lumbar discopathy with disc displacement, and lumbar radiculopathy. Treatments and evaluation to date have included a right lumbar discectomy, oral medications, and compounded creams. The diagnostic studies to date have included electrodiagnostic studies with normal findings; a CT scan of the lumbosacral spine on 03/25/2005 which showed a healed right L3 transverse process fracture; an MRI of the lumbar spine on 04/18/2012 which showed unchanged mild central disc protrusion at L1-2, slight thecal sac flattening at the same level, mild circumferential spinal canal stenosis at L3-4, far right lateral disc protrusion at L4-5, increased stenosis of the right L4-5 foramen, mild annular disc bulge, small central disc protrusion at L5-S1 that was unchanged, and minimal mass effect on the thecal sac; and x-rays of the lumbosacral spine on 12/07/2012. The progress report dated 05/27/2015 indicates that the injured worker continued to complain of low back pain. He also had persistent residual pain over the bilateral sacroiliac joints radiating into both legs with numbness and tingling. The objective findings for the lumbar spine include a well-healed incision in the midline lumbar area, tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion due to pain and stiffness, tenderness to palpation over the right sacroiliac joint, positive Faber and Patrick's tests, normal motor strength in the bilateral

upper and lower extremities, and diminished sensation to light touch and pinprick at the right S1 dermatomal distribution. The injured worker has been instructed to remain off work; therefore, he was not working. The treating physician requested Fexmid 7.5mg #120, one tablet by mouth twice a day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for 1 prescription of Fexmid 7.5mg #120 between 5/27/2015 and 5/27/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle relaxants (for pain) Page(s): 41-42 and 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril).

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend Cyclobenzaprine as an option for a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and is the generic name for Fexmid. The guidelines state that "Limited, mixed-evidence does not allow for the recommendation for chronic use." The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for acute exacerbations of chronic low back pain. The side effects of Cyclobenzaprine include drowsiness, urinary retention and dry mouth. The sedative effects may limit use. The guidelines indicate, "This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction." The non-MTUS Official Disability Guidelines indicate that Cyclobenzaprine is more effective than placebo in the management of back pain and that this medication is not recommended for longer than 2-3 weeks. The medical records show that the injured worker has been taking Fexmid since 12/17/2012. Therefore, the request for Fexmid is not medically necessary.