

<b>Case Number:</b>	CM15-0121305		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: 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 was a 65 year old female, who sustained an industrial injury, August 7, 2012. The injured worker previously received the following treatments acupuncture, Tylenol #3, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which were negative, Flexmid and home exercise program. The injured worker was diagnosed with cervical spine and lumbar spine radiculopathy, double crush and carpal tunnel syndrome, bilateral knee and shoulder internal derangement. According to progress note of May 4, 2015, the injured worker's chief complaint was lumbar and cervical spine pain. The injured worker continue to use the TENS unit for pain control. The injured worker rated the pain at 7 out of 10 with pain medication and 8 out of 10 without pain medication. The physical exam noted joint pain, muscle spasms and sore muscles. The injured worker was depressed and anxious. The injured worker was complaining of headaches and dizziness. The treatment plan included prescription renewal for Flexmid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 10mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Fexmid, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Fexmid is not medically necessary.