

<b>Case Number:</b>	CM15-0123102		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: 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 48 year old female, who sustained an industrial injury on July 22, 2011. The injured worker was diagnosed as having cervical sprain, disc protrusion and radiculopathy, lumbar disc bulges, lumbar facet arthropathy and rule out lower extremity radiculopathy. Treatment to date has included cervical epidural steroid injection and medication. A progress note dated April 3, 2015 provides the injured worker complains of neck pain rated 3/10 that does not radiate and low back pain rated 7-8/10 with some radiation to the right knee. She reports difficulty sleeping. Physical exam of the cervical spine notes paracervical spasm and normal range of motion (ROM). There is lumbar tenderness on palpation with spasm and decreased range of motion (ROM). Faber's test is positive bilaterally. There is a request for Fexmid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5mg #90:** 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 rationale:** The requested Fexmid (Cyclobenzaprine) 7.5mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain rated 3/10 that does not radiate and low back pain rated 7-8/10 with some radiation to the right knee. She reports difficulty sleeping. Physical exam of the cervical spine notes paracervical spasm and normal range of motion (ROM). There is lumbar tenderness on palpation with spasm and decreased range of motion (ROM). Faber's test is positive bilaterally. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid (Cyclobenzaprine) 7.5mg #90 is not medically necessary.