

<b>Case Number:</b>	CM15-0067487		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 10, 2012. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for Fexmid (cyclobenzaprine). A March 5, 2015 RFA form and an associated progress note were referenced in the determination. The applicant's attorney subsequently appealed. On September 19, 2014, the applicant was given refills of Neurontin, Lyrica, Norco, Flexeril, and a topical compounded medication. Epidural steroid injection therapy was proposed. The applicant's work status was not explicitly stated, although the applicant did not appear to be working. On March 18, 2015, the applicant apparently stated that he was not intent on pursuing any kind of surgical remedy involving the lumbar spine. On March 6, 2015, Naprosyn, Flexeril, Norco, and epidural steroid injection therapy were again endorsed. The applicant's work status, once again, was not detailed, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #90 with 2 refills:** 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 (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for Fexmid (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Fexmid) to other agents is deemed "not recommended." Here, the applicant was, in fact, using a variety of other agents, including Norco, Naprosyn, etc. Adding cyclobenzaprine or Fexmid to the mix was not recommended. It is further noted that the 90-tablet, two-refill supply of Fexmid (cyclobenzaprine) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.