

Case Number:	CM15-0077781		
Date Assigned:	04/29/2015	Date of Injury:	06/20/2012
Decision Date:	05/26/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52-year-old female, who sustained an industrial injury on 6/20/2012. Diagnoses include lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, cervical myoligamentous injury with right upper extremity radicular symptoms, right shoulder sprain/strain, right ankle sprain/strain and left index finger sprain/strain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), medications, epidural steroid injections, home exercise program, physical therapy and chiropractic care. Per the Primary Treating Physician's Progress Report dated 3/23/2015, the injured worker reported ongoing pain in her lower back, which radiates down to both lower extremities, right greater than left. Pain is rated as 9/10 without medications and 5/10 with medications. She also reported neck pain with associated cervicogenic headaches. Physical examination revealed tenderness to palpation of the posterior cervical musculature bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There was decreased range of motion with obvious guarding. The plan of care included medications and authorization was requested for Fexmid 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Fexmid. This is not medically necessary and the original UR decision is upheld.