

Case Number:	CM15-0079666		
Date Assigned:	04/30/2015	Date of Injury:	07/28/2010
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: Florida

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 38-year-old female, who sustained an industrial injury on 7/28/2010. She reported low back pain. The injured worker was diagnosed as having myalgia, low back pain, sacroiliac pain, and persistent disorder of initiating or maintaining sleep. Treatment to date has included medications, and steroid injections. The request is for Fexmid. On 2/5/2015, she complained of increasing weakness in the right lower extremity, and reports it giving out on her on occasion while walking. She has indicated her medications to be helpful, and allowing her to walk an additional 5-10 minutes longer, and she is able to do more things around the house. The records indicate she takes Cyclobenzaprine (Fexmid) for acute flare-ups of muscle spasms. She has continued low back pain with right lower extremity radiation. She rated her pain as 8-9/10 without medications, and 4-5/10 with medications. The treatment plan included continuation of electro diagnostic studies, medication management, Naproxen, Cyclobenzaprine, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Flexmid (Cyclobenzaprine) is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Flexmid is not medically necessary.