

<b>Case Number:</b>	CM15-0095220		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old female, who sustained an industrial/work injury on 1/17/14. She reported initial complaints of back and left arm pain. The injured worker was diagnosed as having swan neck deformity of left fourth digit, sprain cervical region, sprain of lumbosacral/ cervical disk displacement, and probable tendon injury, s/p surgery 6/2014. Treatment to date has included medication, diagnostics, surgery (anterior cervical decompression on 1/22/15), and physical therapy. MRI of the lumbar spine results were reported on 2/13/14 and revealed no evidence of additional herniation of disc, mild bulging, with a mass in the sacral region. MRI of cervical spine on 3/28/14 noted herniated nucleus pulposus at C5-6 with C4-5 bulge with degenerative vertebral change and disc disease with central stenosis. X-rays results of the lumbar spine were reported on 2/24/14, s/p L5-S1 instrumented fusion, unclear if solid. X-ray of left shoulder and cervical spine is normal. Currently, the injured worker complains of neck and low back pain with help from physical therapy and medication. Per the primary physician's progress report (PR-2) on 1/21/15, examination revealed minimal cervical and lumbar tenderness with palpable spasms, left fourth digit has decreased range of motion and is painful to palpation. The requested treatments include Retrospective Fexmid Cyclobenzaprine 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fexmid Cyclobenzaprine 7.5mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid; Muscle relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to MTUS guidelines, non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. The request is not medically necessary.