

<b>Case Number:</b>	CM14-0135375		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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: Physical Medicine & Rehabilitation

### 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 61 year old male with a date of injury on 11-30-2004. The injured worker is status post L4-5 and L5-S1 interbody fusion in 1995, right lower extremity radiculopathy, status post interbody fusion at L1-2, L2-3, L3-4 in October of 2006, reactionary depression and anxiety, erectile dysfunction, medication induced gastritis, spinal cord stimulator placement in 2008 and removal of percutaneous placement of spinal cord stimulator in 2010, and right knee sprain-strain secondary to fall-industrially related. A physician progress note dated 08-07-2014 documents the injured worker has ongoing pain in his lower back, which radiates down to both lower extremities. He has received at least a 60% reduction in pain relief and improved mobility and activity tolerance following the lumbar epidural steroid injection on 05-01-2015. His radicular symptoms are improved. His right knee is bothering him more. He has tenderness to palpation bilaterally with increased muscle rigidity. He has multiple trigger points throughout the lumbar paraspinal musculature. Lumbar range of motion was restricted. Examination of his right knee showed tenderness to palpation along the medial lateral joint line with soft tissue swelling noted. He has crepitus with general range of motion. There is a positive McMurray's sign on the right. He received 4 trigger point injections with this visit to the lumbar musculature. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injections, surgery, and therapy. Current medications include MS Contin, Norco, Valium, Protonix, Zolof, Cialis, Delatestryl injection, Fexmid (since at least 03-21-2015) and OxyContin. The treatment plan includes prescriptions for Norco, Anaprox, Fexmid, MS Contin, a recommendation to see an Orthopedic surgeon, continue to follow up with the

urologist, he received trigger point injections with this visit, requesting Synvisc injections to the right knee, and a return visit is one month. On 08-18-2014 Utilization Review non-certified the request for Fexmid 7.5mg, 60 Tablets.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fexmid 7.5mg, 60 Tablets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill, 2010.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered since at least March 2015. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic 2004 injury. The Fexmid 7.5mg, 60 Tablets is not medically necessary and appropriate.