

Case Number:	CM13-0016503		
Date Assigned:	11/06/2013	Date of Injury:	08/01/2011
Decision Date:	02/03/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported an injury on 09/01/2011 due to cumulative trauma while performing normal job duties. The patient has orthopedic and psychological complaints. The patient's previous treatments have included chiropractic care with physical therapy, medications, and acupuncture. The patient's psychiatric complaints have been addressed with cognitive behavioral therapy, biofeedback therapy, and individual psychotherapy. The patient's chronic pain was managed with medications. The patient was monitored for aberrant behavior by regular urine drug screens that were consistent. The patient's most recent clinical evaluation included evaluation of the right wrist with a positive Tinel's and positive Phalen's sign and decreased sensation of the right wrist over the median distribution. The patient's lumbosacral evaluation revealed tenderness to palpation in the lumbosacral region, a positive straight leg raising test bilaterally, and decreased range of motion. The patient's diagnoses included mild carpal tunnel syndrome bilaterally, a cervical sprain/strain, and a lumbosacral sprain/strain with bilateral radiculopathy. The patient's medications included Norco 10/325 mg 3 times per day and Fexmid 7.5 mg 1 per day. It is noted that the patient had pain rated at a 7/10 with medications and an 8/10 to 9/10 without medications. The patient's treatment plan included continuation of a home exercise program and continued medication usage. $\hat{\imath}\hat{\imath}$

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 Opioids Page(s): 78.

Decision rationale: According to the medical records provided for review, the patient does have pain complaints that are reduced from an 8-9/10 to a 7/10 with medication use and the patient is regularly monitored for aberrant behavior. However, the MTUS Chronic Pain Guidelines state that opioids used in the management of a patient's chronic pain must be supported by documentation of an increased functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient receives any functional benefit related to the patient's medication schedule. As such, the request for Fexmid 7.5mg #60 is not medically necessary and appropriate.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to the medical records provided for review, the use of Norco does help reduce the patient's pain complaints from an 8-9/10 to a 7/10. However, the MTUS Chronic Pain Guidelines state that opioids used in the management of a patient's chronic pain must be supported by documentation of increased functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient receives any functional benefit related to the patient's medication schedule. As such, the request for Norco 10/325mg #120 is medically necessary and appropriate.