

Case Number:	CM13-0024242		
Date Assigned:	11/20/2013	Date of Injury:	05/29/2013
Decision Date:	02/19/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Pain Management and is licensed to practice in California and Texas. 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 58-year-old male who reported an injury on 05/29/2013. According to the documentation, the patient worked as a [REDACTED] for at least 6 years. His job involved frequent finger manipulation to fold paper and stuff items into envelopes. It also required frequent reaching of arms as well as using a computer for at least 5 months as well as heavy lifting on and off from 20 pounds to 80 pounds roughly 10 times a day. On the progress report dated 06/10/2013, the patient claimed that he had developed left finger/arm/shoulder pain for approximately 2 years and it was getting worse. The patient was most recently seen on 08/06/2013 for complaints of neck, shoulder, elbow and wrists, upper and lower back pain due to the cumulative trauma. Objective findings noted the patient had palpation eliciting muscle spasms and tenderness to the cervical spine, shoulder, elbows, wrists, thoracic and lumbar spine. The patient had decreased range of motion to the cervical spine and lumbar spine. He had a positive Phalen's test, distraction, occipital tenderness, Kemp's test, and Patrick/Fabere's test. The patient has been diagnosed with cervical and thoracic spine strain, shoulder/elbow sprain/strain with bilateral carpal tunnel syndrome, and a lumbar spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg, take one by mouth every 12 hours for pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised

2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 181-183, 308-310, 561-563, 593, 271-273. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Pain Chapter, Section on Opioids - Specific Drug List was also consulted

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the request for Norco 2.5/325 mg, under California MTUS it states that opioids are a controlled substance which is recommended for short-term use. In the case of this patient, although he has had ongoing chronic pain in various aspects of the body, the most recent documentation is dated 08/2013. The documentation does not provide a current comprehensive physical examination. Without objective information pertaining to the patient's functional deficits and pain status, the medical necessity for Norco cannot be established at this time. As such, the requested service is non-certified.

Fexmed 7.5mg, take one by mouth twice a day # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Section on Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-42.

Decision rationale: Regarding the request for Fexmid 7.5 mg, total of 60 tablets, under California MTUS, Fexmid is also known as Cyclobenzaprine, which is recommended as an option for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and addition of Cyclobenzaprine to other agents is not recommended. Furthermore, Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. In the case of this patient, the most recent documentation is dated 08/2013 which did not provide a thorough overview of the patient's current medical condition. Without having sufficient clinical documentation to include a current comprehensive physical exam, the medical necessity for Fexmid 7.5 mg cannot be established at this time. As such, the requested service is not deemed medical necessity and is non-certified.