

Case Number:	CM13-0025064		
Date Assigned:	11/20/2013	Date of Injury:	07/03/2001
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
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 Internal Medicine and Cardiology has a Fellowship trained in Cardiovascular Disease and is licensed to practice in 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 47-year-old male who reported an injury on 07/03/2001. The mechanism of injury was not provided for review. The patient underwent shoulder surgery followed by postoperative physical therapy and conservative care. The patient underwent plasma rich platelet injections. The patient developed chronic pain of the right shoulder and cervical spine and lumbar spine that was managed with medications. The patient was monitored for aberrant behavior through urine drug screens. The patient's most recent physical findings included tenderness to palpation of the paraspinal musculatures of the cervical spine and lumbar spine with decreased range of motion secondary to pain, a positive Spurling's test, and a positive straight leg raise test to the right. Physical examination of the shoulder revealed tenderness to palpation of the acromioclavicular joint with a positive Hawkins and positive O'Brien's test. The patient's diagnoses included herniated disc in the lumbosacral spine. The patient's treatment plan included orthopedic consult for the patient's right shoulder symptoms, compounded medications, continuation of oral medications, and a repeat plasma rich platelet injection to prevent surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Physician Reviewer's decision rationale: The requested Fexmid 7.5 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient is consistently monitored for aberrant behavior. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of the patient's chronic pain be supported by an assessment of significant pain relief, assessment of functional benefit, assessment of side effects, and monitoring for aberrant behaviors. The clinical documentation submitted for review does not provide any evidence of significant pain relief as it is related to this medication. Additionally, there is no documentation of significant functional benefit as it is related to this medication. As such, the requested Fexmid 7.5 mg #120 is not medically necessary or appropriate.

Naproxen 550mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 60,67-68.

Decision rationale: The Physician Reviewer's decision rationale: The requested naproxen 550 mg #90 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has continued cervical, lumbar, and shoulder pain with limited range of motion. California Medical Treatment Utilization Schedule recommends the lowest dose of non-steroidal anti-inflammatory drugs for the shortest duration of time. Additionally, California Medical Treatment Utilization Schedule recommends medications that are used to manage a patient's chronic pain be supported by pain relief and documentation of increased functional benefit. The clinical documentation submitted for review does not provide any evidence the patient is receiving pain relief as result of this medication. Additionally, there is no documentation of increased functional benefit as it is related to this medication. As such, the requested naproxen 550 mg #90 is not medically necessary or appropriate.

Zanax 1mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 4.

Decision rationale: The Physician Reviewer's decision rationale: The clinical documentation submitted for review does indicate the patient has continued pain complaints of the lumbar and cervical regions and shoulders. California Medical Treatment Utilization Schedule recommends

this type of medication for the management of chronic pain for short durations. It is not recommended the usage of this medication exceed 4 weeks. The request is for 1 mg #60 which would exceed the 4 weeks recommendation. Additionally, the clinical documentation submitted for review indicates this patient has been on this medication for an extended duration. As such, continuation would not be indicated. As such, the requested Zanax 1 mg #60 is not medically necessary or appropriate.