

Case Number:	CM13-0033834		
Date Assigned:	12/06/2013	Date of Injury:	12/07/2012
Decision Date:	01/27/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and has a subspecialty in Pain Management and is licensed to practice in Georgia. He 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 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 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 claimant is a 52-year-old male presenting with left wrist pain, neck pain, shoulder pain, left arm pain and back pain following a work-related injury on December 7, 2012. The claimant is taking Naproxen 550 mg, Fexmid 7.5 mg, and Norco 2.5 per 325 mg. The claimant had been on Naproxen since 12/2012, Fexmid since 2/28/13 and opioids since 12/2012. The claimant has also tried acupuncture. The claimant underwent an open reduction/internal fixation for left wrist distal radius fracture on December 17, 2012. The claimant's physical exam was significant for tenderness in the cervical spinous process, moderate tenderness and spasm in the paravertebral, trapezii, interscapular area and SCM, moderate pain on all motion maneuvers, tenderness over the left medial epicondyle and left wrist, tenderness in the lumbar spinous processes and paraspinal muscles, moderate muscle spasms noted in the lumbar paraspinal muscles, sacroiliac joints mildly tender bilaterally, sciatic notches were moderately tender bilaterally, and moderate pain in all lumbar motion maneuvers. The claimant was diagnosed with left elbow/forearm medial and lateral epicondylitis with flexor and extensor tendinitis, bilateral shoulder periscapular myofascial strain with slight impingement, cervical/trapezial sprain/strain, and lumbosacral sprain/strain with right sacroiliac joint sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for one prescription for (60) Fexmid 7.5mg between 8/14/2013 AND 8/14/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: Fexmid is trade name for Cyclobenzaprine. Fexmid is not medically necessary for the client's chronic medical condition. Per California Medical Treatment Utilization Schedule (MTUS) Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use because the medical records note that he had been receiving Fexmid since 02/28/2013 as well as in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Request for one prescription for (60) Norco 2.5/325mg between 8/14/2013 And 8/14/2013:
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 Page(s): 74.

Decision rationale: Norco 2.5mg/325mg is not medically necessary. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Norco 2.5mg/325mg # 60 is not medically necessary.