

Case Number:	CM13-0041343		
Date Assigned:	12/20/2013	Date of Injury:	02/18/2009
Decision Date:	03/31/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/14/2013

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, Pulmonary Diseases 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 49-year-old injured worker who reported an injury on 02/18/2009. The mechanism of injury was not provided for review. The patient was treated conservatively; however, ultimately underwent lumbar spine surgery in 12/2012 followed by a postsurgical course of physical therapy. The patient continued to have unresolved pain and underwent an additional lumbar spine surgery with insertion of hardware in 06/2013. At the time of the patient's most recent evaluation in 09/2013, the patient had only received medications and postsurgical management. The patient's medications included Sucralfate 1 mg, Gabapentin 300 mg, Hydrocodone 325 mg, Metaflex, Docusate 250 mg, Metoclopramide 10 mg, Promolaxin 100 mg, Cyclobenzaprine 7.5 mg, Pantoprazole 20 mg, Tramadol 150 mg, Omeprazole 20 mg, Topiramate 50 mg, Zaleplon 10 mg, Ondansetron 4 mg, and topical analgesics. Clinical documentation submitted for review does support that the patient has been on this medication for an extended duration of time. The patient was monitored for aberrant behavior with urine drug screens that have remained consistent. The patient's most recent clinical examination findings documented that the patient had continued tenderness to palpation over the lumbar spine and paravertebral musculature bilaterally. There was evidence of allodynia with skin-pinch tenderness, restricted range of motion secondary to pain. The patient's neurological examination documented that the patient had decreased sensation over the entire left lower extremity, 4/5 weakness in dorsiflexion of the left foot and left hamstring. The patient's diagnoses included status postoperative L4-5 laminectomy, status post repeat lumbar surgery, left lower extremity radiculitis, right knee sprain/strain, and degenerative arthrosis of the bilateral knees. Treatment recommendations included continuation of medications, continued monitoring of the patient, evaluation of the patient's fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg tab #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested Fexmid 7.5 mg #30 is not medically necessary or appropriate. California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the extended use of this medication for patients with chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. The request for Fexmid 7.5 mg #30 is not medically necessary and appropriate.

Sonata 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Sonata 10 mg #30 is not medically necessary or appropriate. This medication is appropriately used for patients with sleep deficits. However, it is considered a benzodiazepine. California MTUS Chronic Pain Medical Treatment Guidelines does not recommend the extended use of benzodiazepines due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be indicated. The request for Sonata 10 mg #30 is not medically necessary and appropriate.

Synovacin 500mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Glucosamine Page(s): s 60, 50.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of glucosamine in the management of chronic pain for patients with

osteoarthritis, especially of the knees. The clinical documentation does indicate that the patient has early signs of degenerative signs in the knees. However, California MTUS also states that any medications that are used in the management of a patient's chronic pain must be supported by documentation of functional benefit and symptom response. The clinical documentation submitted for review does not provide any evidence that the patient has any functional benefit or symptom relief as a result of this medication. Therefore, continued use would not be indicated. The request for Synovacin 500 mg #90 is not medically necessary and appropriate.

Norco 10/325mg #180: Upheld

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

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

Decision rationale: The requested Norco 10/325 mg #180 is not medically necessary or appropriate. The California MTUS Chronic Pain Medical Treatment Guidelines recommends a continued use of opioids in the management of a patient's chronic pain be supported by a documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the patient is monitored for aberrant behavior with urine drug screens. However, the patient's most recent clinical evaluation does not document any functional benefit as a result of medication usage. Additionally, there is not a quantitative evaluation of the patient's pain relief to support the efficacy of medication usage. The request for Norco 10/325 mg #180 is not medically necessary and appropriate.