

Case Number:	CM13-0041344		
Date Assigned:	12/20/2013	Date of Injury:	01/14/2012
Decision Date:	02/20/2014	UR Denial Date:	10/14/2013
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 Anesthesiology, has a subspecialty in Pain Medicine 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 61 year old female who reported a work related injury on 01/14/2012, as a result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses, lumbosacral segment dysfunction, lumbar sprain or strain, lumbalgia, lumbar intervertebral disc displacement without myelopathy, neuritis/radiculitis of the thoracic lumbosacral spine, and spasm of muscle. Clinical note dated 10/07/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports her rate of pain at a 3/10. The patient utilizes Anaprox, Doral, Fexmid, and Norco. The provider documented lumbar spine range of motion was decreased about 20% upon physical exam of the patient, femoral stretch was negative bilaterally. Urine drug screen dated 11/18/2013 reports the patient tested positive for both Norco and cannabinoids. The follow-up clinic note dated 11/25/2013, signed by [REDACTED], documented the patient's urine drug screen showed evidence of Norco, no illicit drugs or inappropriate medications were noted in the urine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

Decision rationale: The current request is non-certified. The clinical documentation submitted for review lacked evidence of the patient reporting significant objective functional benefit from continued utilization of this medication. California MTUS indicates acute exacerbations of chronic pain, anti-inflammatories recommended as a second-line treatment after acetaminophen. Given all the above, the request for Anaprox 550 mg #90 is not medically necessary or appropriate.

Doral 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for chronic Medications pain.

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

Decision rationale: The current request is not supported. California MTUS indicates benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The patient's urine drug screen performed on 11/18/2013 did not reveal any evidence of benzodiazepine use. In addition, the patient's urine drug screen revealed cannabinoid use, which was not addressed by the requesting physician. Given the lack of documentation evidencing the patient's reports of efficacy with use of this medication, as well as lack of documentation of duration of use, the request for Doral 15 mg #30 is not medically necessary or appropriate.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for Chronic Pain..

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

Decision rationale: The current request is not supported. California MTUS indicates this medication is recommended as an option using a short course of therapy. Given the lack of documentation evidencing the patient's duration of use, as well as efficacy of treatment, the request for Fexmid 7.5 mg #60 is not medically necessary or appropriate.