

Case Number:	CM13-0042534		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2005
Decision Date:	02/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation 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. 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:

This 48 year-old female sustained an injury on 7/25/05 while employed by [REDACTED]. Requests under consideration include 1 Pain Management Consultation, between 8/30/13-11/24/13 and 1 prescription of Fexmid 7.5mg #60, between 8/30/13-11/24/13. Report dated 9/11/13 from [REDACTED] for [REDACTED] noted the patient with continued right shoulder pain, neck stiffness, and low back pain with bilateral lower extremity radicular pain to the feet. She continues to require shoulder MRI and is considering manipulation under anesthesia. Medications include Norco, Fexmid and Prilosec. Exam showed right shoulder tenderness to palpation over the periscapular muscle/ trapezius muscle/ and anterior joint; painful impingement test; painful above 95 degrees flexion and abduction; reduced right shoulder range of motion; lumbar spine tenderness over paraspinal musculature; spasm; reduced range of motion. Diagnoses included lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with 3 mm disc protrusion; facet degeneration and foraminal stenosis at L5-S1; positive discogram L4-S1 dated October 2008; s/p right shoulder arthroscopy with rotator cuff repair 1/30/13; right wrist sprain subchondral lesion; left knee contusion; sprain/strain with plica syndrome; stress referred to [REDACTED]; sleep and stomach upset and hypertension referred to [REDACTED]. Requests included pain management for possible

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain Management Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 108-115.

Decision rationale: This 48 year-old female sustained an injury on 7/25/05 while employed by [REDACTED]. Report dated 9/11/13 from [REDACTED] for [REDACTED] noted the patient with continued right shoulder pain, neck stiffness, and low back pain with bilateral lower extremity radicular pain to the feet. Exam of the lumbar spine showed tenderness over paraspinal musculature; spasm; and reduced range of motion. Requests included pain management for possible lumbar epidurals. While it is reported that the MRI of the lumbar spine showed disc protrusion and foraminal stenosis at L5-S1, there is no report of acute flare-up for persistent chronic low back pain symptoms without report of new injury. Additionally, submitted reports have not demonstrated focal neurological deficits to corroborate with the imaging studies to support for the lumbar epidural steroid injections. Chronic Pain Medical Treatment Guidelines recommend ESI (Epidural Steroid Injection) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. As the lumbar epidural is not supported, the pain management consultation for the procedure is not supported. The 1 Pain Management Consultation, between 8/30/13-11/24/13 is not medically necessary and appropriate.

1 prescription of Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: This 48 year-old female sustained an injury on 7/25/05 while employed by [REDACTED]. Report dated 9/11/13 from [REDACTED] for [REDACTED] noted the patient with continued right shoulder pain, neck stiffness, and low back pain with bilateral lower extremity radicular pain to the feet. Exam of the lumbar spine showed tenderness over paraspinal musculature; spasm; and reduced range of motion. Per Chronic Pain Guidelines on muscle relaxant, it is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2005 injury. Due to the unchanged objective findings without demonstrated evidence of acute flare-up or new injury, the indication and necessity for continued use of muscle relaxant has not been adequately addressed to warrant continued treatment regimen. Guidelines do not recommend long-term use of this muscle relaxant for this chronic

injury. The 1 prescription of Fexmid 7.5mg #60, between 8/30/13-11/24/13 is not medically necessary and appropriate.