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| Case Number: | CM13-0042631 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/23/2003 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/21/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 injured worker is a 65-year-old male injured on June 23, 2003. The mechanism of injury is a motor vehicle accident. The most recent progress note, dated October 22, 2013, indicates that there are ongoing complaints of cervical spine and lumbar spine pain radiating to the upper and lower extremities. The physical examination demonstrated tenderness along the cervical spine with normal cervical spine range of motion. There was diffuse lumbar paravertebral muscle tenderness and facet tenderness from L4 to S1. There was a positive right and left straight leg raise test. There was otherwise a normal upper and lower neurological examination. The diagnosis included lumbar disc disease, lumbar facet syndrome, and bilateral sacroiliac joint arthropathy. A new MRI of the lumbar spine was recommended as well as continuation of present medications and a home exercise program. The previous treatment includes physical therapy a request had been made for Norco and Fexmid and was not certified in the pre-authorization process on September 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg, #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 Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines continuation of opioid narcotics for chronic usage should be justified by objective pain improvement, documentation of side effects, improvement and ability to function and perform activities of daily living, as well as comments on suspected abuse or aberrant behavior. None of this information is documented in the attached medical record. Therefore this request for Norco is not medically necessary at this time.

Fexmid 7.5mg, #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 Page(s): 63.

Decision rationale: Fexmid is a muscle relaxant. Muscle relaxants are a second line option indicated for short-term usage of acute exacerbations of chronic low back pain. The attached medical record does not indicate that the injured employee was having any exacerbations, nor was there any spasms noted on physical examination. Additionally the prior efficacy of the use of Fexmid is not stated. Therefore this request for Fexmid is not medically necessary.