

<b>Case Number:</b>	CM13-0045363		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice and is licensed to practice in Texas. 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 37-year-old male who reported an injury on 11/28/2012. The mechanism of injury was noted to be during a medical emergency extraction of an inmate, the inmate came down on the patient's head and neck and caused injury. The patient was noted to have more cervical pain since the last visit. The patient's diagnoses were noted to include cervical disc displacement without myelopathy, sprain of the sacroiliac and lumbar disc displacement with myelopathy. The request was made for Fexmid, Tylenol No. 3, and Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox; 550 mg twice a day #60 refills 12, qty 780:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

**Decision rationale:** California MTUS guidelines indicate that Anaprox is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for

review failed to provide the efficacy of the requested medication and there was a lack of documentation indicating the patient had osteoarthritis. Additionally, it failed to provide the necessity for 12 refills without re-evaluation. Given the above, the request for Anaprox 550 mg twice a day, #60, refills 12, quantity 780 is not medically necessary.

**Tylenol #3; 500/30 mg every 4-6 hours as needed #60 refills 12, qty 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary (updated 4/30/12)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Pure-Agonist On-going Management Page(s): 74; 78.

**Decision rationale:** California MTUS guidelines indicate that Tylenol w/ Codeine 3 should be used for moderate to severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, objective decrease in the Visual Analog Scale, adverse side effects, and possible aberrant drug taking behavior. Additionally, there was a lack of documentation indicating the patient had a necessity for Tylenol No. 3 for 12 refills without re-assessment. Given the above, the request for Tylenol No. 3 with 500/30 mg taken every 4 to 6 hours as needed, #60, refills 12, quantity 60 is not medically necessary.

**Fexmid 7.5 mg twice a day #60 refills 12, qty 780:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

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

**Decision rationale:** The California MTUS Guidelines indicate that muscle relaxants are second line medications for short-term use of acute exacerbation in chronic low back pain and for no longer than 2 to 3 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term treatment including 12 refills without re-evaluation. Given the above, the request for Fexmid 7.5 mg twice a day, #60, refills 12, quantity 780 is not medically necessary.