

Case Number:	CM13-0058254		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2013
Decision Date:	05/01/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational 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 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 patient is a 26 year old female who was injured on 12/19/2013 while bending and lifting boxes of merchandise she felt a sharp pain in her back when she tried to stand up. She had done well with conservative measures. She feels her pain is better and has been able to return to her usual and customary job duties. Prior treatment history has included medications and physical therapy. Diagnostic studies reviewed include x-rays of the lumbar spine dated 09/19/2013, which were within normal limits. PR-2 dated 11/07/2013 documented the patient stating she is better. She has been using medications, which do help. She has started working. She has not had any physical therapy. Objective findings on exam reveal normal reflex, sensory and power testing to bilateral upper and lower extremities. Straight leg raise and bowstring are negative bilaterally. Normal gait. Physically deconditioned. Can heel-walk and toe-walk bilaterally. Positive lumbar tenderness. Lumbar spine range of motion is decreased about 10%. Femoral stretch negative bilaterally. Diagnosis: Lumbar strain. Treatment Plan: Refill medications of Naproxen #90, Methoderm 120 ml, and Ultram #60. PR-2 dated 12/19/2013 documents the patient with complaints of pain in the low back, which she states rate a 4/10. Her pain increases with bending, lifting, sitting, standing, walking, and climbing. She has difficulty with driving, household chores and home maintenance. She has been working her usual and customary job duties. Objective findings include examination of the back and lower extremities revealing 2+ reflexes in knees and ankles. Sensory exam is normal bilaterally. Motor exam is 5/5 bilaterally. Lumbar spine range of motion on the right flexion 50, extension 20, left lateral bending and right lateral bending 20 degrees. Diagnosis: Musculoligamentous sprain/strain, lumbosacral spine, with possible lumbar disc pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ANAPROX DS 550MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

Decision rationale: This is a request for Anaprox for low back pain in a young female with non-specific complaints, a normal exam, and normal lumbar XR. NSAIDs are recommended at the lowest dose for the shortest duration possible for musculoskeletal pain. Functional benefit and pain reduction attributable to prior Anaprox use have not been established. Medical necessity has not been established. Anaprox is non-certified.

NORCO 10/325MG # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This is request for Norco for low back pain in a young female with non-specific complaints, an unremarkable exam, and normal lumbar XR. Prior Norco did not clearly result in functional benefit or pain reduction. Medical necessity has not been established. Norco is non-certified.

FEXMID 7.5MG # 60 FOR LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This is a request for Fexmid. This muscle relaxant is recommended for short-term use of 2-3 weeks. Neither muscle spasm or prior benefit was evident from available medical records. Medical necessity has not been established. Fexmid is non-certified.