

Case Number:	CM13-0062074		
Date Assigned:	12/30/2013	Date of Injury:	12/07/2012
Decision Date:	05/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 53-year-old male with a date of injury of 12/7/12. The listed diagnoses per [REDACTED] are left wrist status post ORIF on 12/17/12, left elbow pain, bilateral shoulder pain, cervical spine and trapezius strain/sprain, and lumbar spine strain/sprain. According to a report dated 11/1/13, the patient presents with cervical spine, left upper extremity, and lumbar spine pain. Physical examination revealed limited range of motion of the cervical and lumbar spine. There were positive findings on the right sacroiliac joint stress testing, Gaenslen's, FABERE, and compression load testing. It was noted that low back pain was increased with straight leg raise bilaterally. The recommendation is for the continuation of medications. The patient's current medication regimen includes Anaprox DS 550mg, Fexmid 7.5mg and Norco 2.5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ANAPROX DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Although NSAIDs are indicated for chronic pain and in particular, chronic low back pain, the treating physician does not provide a discussion regarding the efficacy of Anaprox. The progress report from 11/1/13 is the earliest report provided for review and does not provide a discussion on the efficacy of Anaprox. The MTUS guidelines require documentation of pain assessment and function with medications used for chronic pain. Given the lack of any documentation of pain and functional assessment as related to the use of Anaprox, the request is noncertified.

60 FEXMID 7.5MG: Upheld

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

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

Decision rationale: The MTUS guidelines state that Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for chronic use. The MTUS does not recommend long term use of muscle relaxants. The requested Fexmid is not medically necessary, and is therefore noncertified.

60 NORCO 2.5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: For chronic opiate use, the MTUS guidelines require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4As (analgesia, activities of daily living, adverse side effects, and adverse behavior) are required. Furthermore, the MTUS states that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It is unclear when this patient was first prescribed this medication, as the earliest report provided for review is dated 11/1/13, which is the date of the request. Utilization review from 11/22/13 does note that prior reviews have made recommendations for discontinuation and tapering of Norco. The treating physician recommends a refill of Norco on 11/1/13, but does not provide a discussion on the efficacy of the medication in terms of pain relief or any functional improvement. In addition, the treating physician does not use a numerical scale to assess patient's pain as required by MTUS. No pain assessment or outcome measures are

provided either. Given the lack of sufficient documentation warranting long term opiate use, the requested Norco is not medically necessary, and is therefore noncertified.