

Case Number:	CM13-0065151		
Date Assigned:	03/03/2014	Date of Injury:	06/02/2008
Decision Date:	05/26/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/12/2013

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:

According to the records made available for review, this is a 51-year-old male with a 6/2/08 date of injury. At the time (11/26/13) of request for authorization for 60 Fexmid 10MG and 120 Norco 2.5/325MG, there is documentation of subjective (left shoulder, low back, and right knee pain that is 7 to 8 out of 10 without medications and 4 to 5 out of 10 with medications, and that activities of daily living are easier and less painful with medications) and objective (tenderness to palpation over the biceps tendon, supraspinatus tendon, and anterior capsule; subacromial crepitus; positive impingement test and Codman's Drop arm test; and guarded range of motion of over the left shoulder) findings, current diagnoses (left shoulder full thickness rotator cuff tear/acromioclavicular degenerative joint disease/biceps tendinitis/subacromial subdeltoid bursitis, lumbar musculoligamentous sprain/strain with degenerative disc disease and right lower extremity radiculitis, and history of right knee contusion/patellofemoral arthralgia), and treatment to date (medications (including ongoing treatment with Fexmid since at least 5/20/13 and Norco)). Regarding 60 Fexmid 10MG, there is no documentation of acute muscle spasm and the intention to treat over a short course (less than two weeks). Regarding 120 Norco 2.5/325MG, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 FEXMID 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, 2009, Pain-Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of left shoulder full thickness rotator cuff tear/acromioclavicular degenerative joint disease/biceps tendinitis/subacromial subdeltoid bursitis, lumbar musculoligamentous sprain/strain with degenerative disc disease and right lower extremity radiculitis, and history of right knee contusion/patellofemoral arthralgia. In addition, there is documentation of ongoing treatment with Fexmid since at least 5/20/13. Furthermore, given documentation of knee pain that is 7 to 8 out of 10 without medications and 4 to 5 out of 10 with medications, and that activities of daily living are easier and less painful with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Fexmid use to date. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Fexmid since at least 5/20/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for 60 Fexmid 10MG is not medically necessary.

120 NORCO 2.5/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS , 2009, Opioids-pain treatment agreement, page 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, Section 9792.20.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of

functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left shoulder full thickness rotator cuff tear/acromioclavicular degenerative joint disease/biceps tendinitis/subacromial subdeltoid bursitis, lumbar musculoligamentous sprain/strain with degenerative disc disease and right lower extremity radiculitis, and history of right knee contusion/patellofemoral arthralgia. In addition, there is documentation of ongoing treatment with Norco. Furthermore, given documentation of knee pain that is 7 to 8 out of 10 without medications and 4 to 5 out of 10 with medications, and that activities of daily living are easier and less painful with medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 120 Norco 2.5/325MG is not medically necessary.