

Case Number:	CM13-0071563		
Date Assigned:	01/08/2014	Date of Injury:	12/12/2006
Decision Date:	04/28/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 Internal 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 41-year-old who reported an injury on multiple dates. The first one is May 19, 2002, from cumulative trauma. The patient also suffered injuries from May 19, 2002, through February 12, 2006. The patient was seen most recently on October 13, 2013 for reports of continued, daily, and unchanged moderate to severe/stiffness with spasm in the low back, along with moderate pain down the legs. The patient stated his overall pain level is a 7/10; with medication, the pain reduces down to mild or moderate. He reported associated increased back pain with numbness down the knees, feet, provoked with sitting, and takes Norco 10/325 mg, 3 to 4 times per day as needed, and Fexmid 7.5 mg once per day. The patient is status post failed back surgery syndrome with post-interbody fusion, microdiscectomy, with residual lumbar musculoligamentous strain/sprain and bilateral lower extremity radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325 MG: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Furthermore, the Chronic Pain Medical Treatment Guidelines state that opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. In the case of this patient, although it states the patient had been utilizing the Norco three to four times per day as needed, there was no current clinical documentation providing a thorough overview of the patient's current condition, as well as providing the efficacy from the use of the medication. Lastly, the physician has failed to indicate the number of tablets and the frequency of use for the medication. The request for one prescription of Norco 10/325 mg is not medically necessary or appropriate.

ONE PRESCRIPTION OF FEXMID 7.5 MG, 60 COUNT: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option, using a short course of therapy, and is greatest in effect in the first four days of treatment, suggesting that a shorter course may be better. Treatment should be brief, and the addition of cyclobenzaprine to other agents is not recommended. In the case of this patient, the documentation states the patient has been utilizing this medication since at least 2012. There is no indication that the patient needs this medication to treat the muscle spasms which occurred in October 2013, as there are no current clinical documentations provided for review indicating the medical necessity for the continuation of use of this medication. The request for one prescription of Fexmid 7.5 mg, 60 count, is not medically necessary or appropriate.