MAXIMUS Federal Services

Case Number:	CM14-0003051		
Date Assigned:	01/29/2014	Date of Injury:	08/12/2010
Decision Date:	07/14/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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 32 year old male who has submitted a claim for lumbar radiculitis, lumbar facet arthropathy, status post right elbow surgery, and status post right foot / ankle fracture associated with an industrial injury date of 08/12/2010. Medical records from 2011 to 2014 were reviewed. The patient complained of right upper extremity and low back pain radiating to the right lower extremity. Pain was graded 9/10 in severity, and relieved to 5/10 upon intake of medications. This resulted in difficulty with activities involving self-care, hand function, and hygiene. Physical examination revealed decreased extension of right 4th and 5th digits. Right elbow was tender with positive hypersensitivity at posterior aspect. Range of motion of right elbow was 120 degrees towards flexion. Muscle strength was graded 4/5. Treatment to date has included occupational therapy, physical therapy, right elbow surgery, and medications such as Prilosec, Sonata, Zanaflex, and Norco (since 2011). A utilization review from 12/10/2013 denied the requests for Norco 10/325 mg #90 with one refill because long-term use of opioids is not recommended unless the patient demonstrated documented functional improvement and a need to return to work; Fexmid because long-term use is not recommended; and Ketoprofen #60 gm with 3 refills because compounded products have limited published efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #90 WITH ONE REFILL: 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): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2011. The patient reported pain relief from 9/10 to 5/10 in severity upon its use. However, the medical records did not clearly reflect continued functional benefit, or a lack of adverse side effects. The MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary.

FEXMID: Upheld

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

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

Decision rationale: According to page 63 of the MTUS Chronic Pain Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Zanaflex since 2011. There was no discussion concerning need to provide additional muscle relaxant when recent physical examination failed to document muscle spasms. Long-term use is likewise not recommended. Therefore, the request for Fexmid is not medically necessary.

KETOPROFEN #60 GM WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the MTUS Chronic Pain Guidelines, Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, the patient complained of right upper extremity and low back pain radiating to the right lower extremity. The patient's current regimen includes both opioids and muscle relaxants. Recent progress reports failed to document acute exacerbation of symptoms that may warrant additional NSAID prescription. Moreover, topical

products have limited published efficacy. There was no discussion concerning intolerance to oral medications. The medical necessity was not established. Therefore, the request is not medically necessary.