

Case Number:	CM14-0005488		
Date Assigned:	01/17/2014	Date of Injury:	05/23/2012
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 38-year-old female who reported an injury on 05/23/2013 while performing her duties as a deputy sheriff. The patient reportedly has been treated with multiple medications due to her job related injuries including Fexmid and Ibuprofen. On physical exam, 06/27/2013, it was noted that an MRI showed high signal intensity in the outer annulus consistent with disc annular tear at L5-S1. Other therapies include physical therapy. The patient also reportedly had x-rays of her back, which were reportedly within normal limits, and at the time, she was prescribed Norco and Soma. The patient was referred to a spine surgeon and it was determined at the time that surgery was not recommended. The examination of the thoracolumbar spine revealed tenderness to palpation with muscle guarding over the paraspinal musculature and lumbosacral junction, bilaterally, right side worse than left. Tenderness was also noted on palpation over the right sacroiliac joint and sciatic notch. Straight leg raising test on the right, both seated and supine, elicits increased low back pain radiating to the buttocks. Straight leg raising test on the left, both seated and supine, elicits increased low back pain. Kemp's test elicits increased low back pain. Sacroiliac stress test elicits increased right sacroiliac joint pain. Range of motion of the lumbar spine showed flexion at 46 degrees, extension is 12 degrees, right side bending is 11 degrees, and left side bending is 14 degrees. Sensation to pinprick and light touch in the bilateral lower extremities is intact. Deep tendon reflexes are 3+ in the biceps, triceps, with brachioradialis, knee jerk, and ankle jerk, bilaterally. There is no clonus or spasticity observed and normal gait

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Cyclobenzaprine Section Page(s): 41.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The medication is recommended but for a short course of therapy. The duration of use was not provided and the objective functional improvement as a result of this medication was not provided to support continuation. As such, the request is non-certified

Nucynta 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Opioids Section Page(s): 34 & 80.

Decision rationale: The California MTUS Guidelines state opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Ongoing monitoring for analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors is recommended. The patient continues to have on-going pain and there is a lack of significant objective functional improvement from this medication. The documentation failed to address side effects and aberrant behavior to meet guideline criteria for continued use. Therefore, the request is non-certified