

Case Number:	CM14-0008981		
Date Assigned:	02/12/2014	Date of Injury:	03/03/2010
Decision Date:	06/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 47-year-old male who sustained an injury on 03/03/10. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of pain in the low back. The injured worker had a prior left shoulder surgery from unrelated injury. The clinical record from 12/04/13 indicated the pain was at 5/10 on the Visual Analog Scale (VAS). The injured worker reported benefits from medications; however, no specifics were noted. There appeared to be requests for urine drug screens. It appeared the injured worker had previously been recommended for discography which was not approved. Physical examination at this evaluation noted no evidence of neurological deficit. There was tenderness to palpation in the lumbar spine with decreased lumbar range of motion. Femoral stretch signs were negative bilaterally. Prior imaging of the lumbar spine was reported to show degenerative disc disease primarily at L2-3 and L3-4. These studies were not available for review. The recommendations were for lumbar discography at this evaluation. The provider continued medications at this visit including Fexmid 7.5mg quantity 60 and Norco 10/325mg quantity 90. Urine toxicity screen was also requested. These requests were denied by utilization review on 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FEXMID (CYCLOBENZAPRINE) 7.5 MG, #60 TABS (DISPENSED 12-4-2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to the retrospective use of Fexmid 7.5mg quantity 60 prescribed on 12/04/13, this medication is not medically necessary based on the clinical documentation provided for review and the MTUS guidelines recommendations. Per MTUS, the chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. In this case, there is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not certified.

RETROSPECTIVE REQUEST FOR NORCO (HYDROCODONE-APAP) 10/325 MG, #90 DOS 12/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The clinical documentation submitted for review noted the injured worker had persistent pain to the extent where he was considering surgical intervention. There was no evidence of any ongoing functional improvement or substantial pain reduction in regards to Visual Analog Scale (VAS) scores attributed to Norco to support its ongoing use. Given that the injured worker had been actively considering surgical intervention would indicate that this medication was not effective in controlling symptoms. As MTUS guidelines do not recommend long term use of short acting narcotics such as Norco and there is insufficient clinical documentation supporting continuing use of this medication, the request is not certified.

RETROSPECTIVE REQUEST FOR URINE TOXICOLOGY SCREEN (URINE DRUG PANEL) DOS: 12/4/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, UDS.

Decision rationale: There is no indication in the clinical records that the injured worker had any substantially elevated risk factor for narcotics misuse or diversion to warrant urine drug screens. No Screener and Opioid Assessment for Patients with Pain (SOAPP) or Current Opioid Misuse Measure (COMM) evaluations were available for review indicating elevated risk factors for continuing use of narcotics. Therefore, the request is not certified.