

Case Number:	CM14-0009918		
Date Assigned:	02/21/2014	Date of Injury:	01/12/2012
Decision Date:	11/05/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 63-year-old female who reported an injury on 01/11/2012 due to an unspecified mechanism of injury. The injured worker complained of cervical and lumbar spine pain. The diagnoses included cervical discopathy, right upper extremity radiculopathy, lumbar spine discopathy, and right lower extremity radiculopathy. Past treatments included physical therapy, medication, and steroid injections. Prior diagnostics included an electromyogram and nerve conduction velocity study dated 03/09/2012 of the lumbar spine. No electrodiagnostic evidence of ulnar nerve entrapment. However, the electrodiagnostic study revealed evidence of acute L5 radiculopathy to the right. The MRI of the lumbar spine dated 02/28/2012 revealed a grade I retrolisthesis of the L1 over L2, L2 over L3, and over S1. The MRI of the cervical spine dated 02/29/2012 indicated loss of disc height at the C5-6 and C6-7. The physical examination dated 12/13/2013 revealed the injured worker had a normal gait and no acute distress. The Examination of the lumbar spine revealed a flexion of 95 degrees, extension 95 degrees, right and left lateral flexion at 40 degrees, and bilateral rotation 40 degrees. Positive straight leg raise with right side noted at 70 degrees and left side 90 degrees. Diminished right lower extremity L5 sensory deficit. Tendon reflexes at ankles and knees within normal limits. Heel/toe walk attempted was intact but some decreased lower back pain and right lower extremity weakness present. The medications were not provided. No VAS provided. The treatment plan included encouragement for weight loss, strength training and routine stretches exercises to the core in order to strengthen the lumbar spine, refill medication, and possible lumbar epidural. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5MG: Upheld

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

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

Decision rationale: The request for Fexmid 7.5MG is not medically necessary. The California MTUS Guidelines recommend Fexmid/cyclobenzaprine as an option using a short course of therapy. Cyclobenzaprine/Flexeril is more effective than placebo in the management of back pain. The effect is modest and comes at the price of greater adverse effects. The effect is greater in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical notes indicate that the injured worker was prescribed Flexeril in the 07/10/2013 clinical notes, indicating that the injured worker has been taking the Flexeril for over a year, which exceeds the recommended guidelines. The request did not indicate the frequency or duration. As such, the request is not medically necessary.

Protronix 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Protronix 20 MG is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids and/or an anticoagulant or high dose multiple nonsteroidal anti-inflammatories. The medical documentation did not indicate the injured worker had gastrointestinal symptoms nor was it evident that the injured worker had a history of peptic ulcer, GI bleed, or perforation. It does not appear that the injured worker is at risk for gastrointestinal events. The request did not address the frequency or duration. As such, the request is not medically necessary.

NORCO 10/325: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NorcoOngoing Management Page(s): 75; 78.

Decision rationale: The request for Norco 10/325 is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical notes indicated that the injured worker's physical examination of the lumbar and cervical spine was within normal limits. The activities of daily living, adverse side effects, and aberrant drug taking behavior were not addressed. The analgesia was not addressed. No functional measurements were provided. The request did not indicate the frequency or duration. As such, the request is not medically necessary.

Zefram 8MG: Upheld

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

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

Decision rationale: The request for Zefram 8MG is not medically necessary. The Official Disability Guidelines indicate that this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. Zofran is also used for chemotherapy-induced nausea. The request did not address the frequency or duration. As such, the request is not medically necessary.