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| Case Number: | CM14-0101651 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/15/2012 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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 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 35 year old female with a reported date of injury on 09/15/2012. The mechanism of injury was repetitive use. The injured worker's diagnoses included cervical spine sprain/strain with muscle contraction headaches, lumbosacral sprain/strain, bilateral shoulder myofascial strain, bilateral elbow, forearm, wrist, and hand flexor and extensor tenosynovitis and bilateral elbow lateral epicondylitis, bilateral knee patellofemoral arthralgia, anxiety, depression, post-traumatic stress disorder, and insomnia. The injured worker's treatment history included medications, chiropractic care, physical therapy and psychiatric treatment. The injured worker's diagnostic testing included x-rays of the cervical spine (reversal of cervical lordosis at the C5-C6 level), lumbar spine (Grade I anterolisthesis at L5 on S1 and straightening of the lumbar lordosis with accentuation of the sacral lordosis and moderate facet degenerative joint disease at the L5-S1 level), and bilateral feet (no evidence of heel spurs). No pertinent surgical history was provided. On 02/04/2014 the injured worker was evaluated for low back pain and stiffness, neck pain and stiffness with headaches, bilateral knee and foot soreness, and bilateral upper shoulder pain which were all reportedly made better by over-the-counter medication and rest. The request for Fexmid 7.5 mg and Naproxen 550 mg was submitted on the date. On 05/07/2014 Norco 10/325 mg was prescribed due to a 'failed trial of NSAIDS and APAP'. An examination dated 05/19/2014 observed cervical spine tenderness with range of motion documented at 40/45/60/60/25/25 degrees, and right shoulder, elbow and wrist tenderness to palpation. Pain was reported as 7/10 without medication and 3/10 with medication lasting 6 hours. Naproxen sodium 550 mg to reduce pain and inflammation and orphenadrine 100 mg for the treatment of muscle spasms were prescribed. On 07/25/2014 the injured worker rated lumbar pain at 7/10. The injured worker completed the last of 16 physical therapy visits on 08/19/2014. The injured worker's medications included Norco 10/325 twice per day as needed, Fexmid 7.5 mg twice per

day, Axid 150 mg twice per day as needed, Anaprox DS 550 mg twice per day tramadol 50 mg every 6 hours as needed for pain, and orphenadrine 100 mg BID. The requests are for Fexmid 7.5mg Qty 60 and Naproxen 550mg Qty 60. The rationale for the request was not provided. The request for authorization form was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 64.

Decision rationale: The request for Fexmid 7.5mg Qty 60 is not medically necessary. The injured worker reported that her pain was relieved by over-the-counter medications and rest. The California MTUS Chronic Pain Guidelines recommend Fexmid for a short course of therapy of 2-3 weeks duration. The documentation on the date corresponding with the request for the medication indicated the injured worker's pain was relieved by over-the-counter medications and rest. Further documentation, dated after the request, indicated Fexmid was changed to orphenadrine 100 mg. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Fexmid 7.5mg Qty 60 is not medically necessary.

Naproxen 550mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request for Naproxen 550mg Qty 60 is not medically necessary. The injured worker reported that her pain was relieved by over-the-counter medications and rest. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The documentation on the date corresponding with the request for the medication indicated the

injured worker's pain was relieved by over-the-counter medications and rest. There was no documentation of a first line trial of acetaminophen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Naproxen 550mg Qty 60 is not medically necessary.