

Case Number:	CM14-0171314		
Date Assigned:	10/23/2014	Date of Injury:	06/28/2011
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Emergency 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 injured worker is a 36-year-old male who reported an injury on 06/28/2011. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of sprain of neck. Past medical treatment consists of home exercise program and medication therapy. Medications include Norco, Anaprox, and Fexmid. Diagnostics include a urinalysis submitted on 10/25/2013. On 01/07/2014, the injured worker complained of neck pain. It was noted on physical examination that the injured worker rated the pain at 5/10 to 6/10. The injured worker's cervical spine was tender to palpation with spasm. Progress note report that range of motion was 40/42/70/68/40/40. The medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78..

Decision rationale: The request for Norco 2.5/325mg #60 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opiate treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it helped with any functional deficits. Additionally, a urine drug screen was submitted on 10/25/2013 showing that the injured worker was compliant with prescription medications. However, there was no assessment submitted for review showing what pain levels were before, during, and after medication administration. Furthermore, the request, as submitted, did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 70..

Decision rationale: The request for Anaprox DS 550mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) for patients with osteoarthritis (including the knee and hip) and with acute exacerbations of chronic low back pain. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time with 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 submitted documentation lacked evidence of a complete and accurate pain assessment. Additionally, the efficacy of the medication was not submitted for review. Furthermore, it was not submitted in the documentation as to how long the injured worker had been taking Anaprox. Given that Anaprox is not recommended for long term use, but for short term use, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The request for Fexmid 7.5mg #60 is not medically necessary. The MTUS Guidelines only recommend Fexmid as an option using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting the shortest course may be better. Treatment should be brief. The addition of Fexmid to other agents is not recommended. Fexmid is associated with treatment of 2 to 3 weeks for symptom improvement with lower back pain and is associated with drowsiness and dizziness. Additionally, the request as submitted is for Fexmid 7.5 mg with a quantity of 60, exceeding the recommended MTUS Guidelines for short term use. Efficacy of the medication was not provided, warranting the continuation of the medication. As such, the request for Fexmid is not medically necessary.