

Case Number:	CM14-0173630		
Date Assigned:	10/24/2014	Date of Injury:	02/14/2013
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Hawaii, Washington and Maryland. 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 53-year-old male who reported injury on 02/14/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right shoulder impingement syndrome, left knee internal derangement, lumbar radiculopathy with left foot drop and stenosis of L4-5 and L3-4. Past medical treatment consists of physical therapy and medication therapy. Medications consist of Norco 10/325, Duexis and Fexmid 7.5. No diagnostics were submitted for review. On 08/21/2014, the injured worker complained of low back pain, foot pain, knee pain and right shoulder pain. Physical examination revealed that the right shoulder had a positive impingement sign and painful range of motion. Forward flexion on abduction was 120 degrees. Tenderness to palpation at the AC joint. Exam of the lumbar spine revealed spasm, painful range of motion, as well as limited range of motion. There was a positive Lasegue's bilaterally. Positive straight leg raising bilaterally to 60 degrees. Motor weakness on the left was 3/5. Decreased sensation bilaterally at L4-5 and L5-S1. Pain bilaterally at L4-5 and L5-S1. There was also a positive foot drop on the left. Examination of the left knee revealed patellofemoral crepitation, positive Apley's grind and it was noted that there was tenderness to palpation over the joint line. Medical treatment plan was 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 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids; regarding Norco/ When to Con.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, on-Going Management and opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that opioids appear to be efficacious, but limited for short term pain relief and long term efficacy is unclear (less than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend 1 opiate over the other. 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). The California MTUS Guidelines also indicate that the use of drug screening is for patients with documented issues of abuse, addiction, or poor pain control. MTUS Guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented as well. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The submitted documentation lacked any indication of the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker might have had. Furthermore, there was also no assessment regarding average pain, intensity of pain or longevity of pain. Additionally, there were no urinalyses or drug screens submitted for review showing that the injured worker was compliant with medications. The request, as submitted, did not indicate the frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request of Norco 10/325mg #120 is not medically necessary and appropriate.

Duexis 800mg/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Ibuprofen Page(s): 72-73.

Decision rationale: The California MTUS Guidelines indicate that ibuprofen (Duexis) is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis and recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. As guidelines state, ibuprofen (Duexis) is recommended for relief of osteoarthritis, but also states that it is recommended at its lowest effective dose and in shortest duration of time. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits. The guidelines state that long term of Duexis can put patients at high risk for developing NSAID induced gastric ulcers. It was not indicated in the submitted documentation as to how long the injured worker had been on the medication. Furthermore, the request, as

submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request of Duexis 800mg/26.6mg #90 is not medically necessary and appropriate.

Fexmid 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The California MTUS Guidelines recommend Fexmid as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The submitted documentation dated 08/21/2014, indicates that the injured worker had been on the medication since at least this time, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Furthermore, the request, as submitted, did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request for Fexmid 7.5mg #30 is not medically necessary and appropriate.