

Case Number:	CM14-0174142		
Date Assigned:	10/24/2014	Date of Injury:	06/03/2013
Decision Date:	12/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Practice and is licensed to practice in 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 42-year-old male with a date of injury of June 3, 2013. A progress note from September 9, 2014 is reviewed but no other progress notes are available. The injured worker continued to complain of neck pain 5/10, left shoulder pain 3-4/10, low back pain 6-7/10, bilateral knee pain 5-7/10, and increasing numbness to his feet. The physical exam revealed tenderness to palpation of the paracervical musculature, base of the neck and skull, mildly diminished cervical range of motion, with normal upper extremity sensation and motor strength. The lumbar spine revealed tenderness to palpation of the paravertebral muscles with near normal active range of motion of the lumbar spine and normal sensation and strength of the lower extremities. The diagnoses include disc degeneration of C5-C6, left shoulder impingement syndrome, disc degeneration at L5-S1, lumbar facet arthropathy, bilateral degenerative joint disease of the knees, and history of left knee surgery. The treating physician noted that the injured worker had not yet received physical therapy for the cervical or lumbar spine. Refills were provided of Norco and Fexmid and physical therapy was ordered. On September 24, 2014 a request for 90 tablets of Norco 10/325 mg received modified approval to 60 tablets and Fexmid was modified from a request of 90 tablets to an approval for 20 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The referenced guidelines state that those requiring Opioids chronically require ongoing monitoring for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may be continued if the injured worker has regained employment or demonstrates a benefit in terms of pain relief and functionality as a consequence of the Opioids. In this instance, the review is constrained by virtue of the fact that only one progress note was provided. That note does not show evidence of improved pain or functionality as a result of the Opioid treatment. It is unclear if the injured worker has regained employment or not. Consequently, 1 Prescription for Norco 10/325mg #90 is not medically necessary.

1 Prescription for Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

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

Decision rationale: Cyclobenzaprine (Fexmid) is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by ██████████. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. Cyclobenzaprine 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 greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks. In this instance, the Fexmid has clearly been prescribed for a continuous period exceeding 3 weeks and it appears the intent is for chronic use. Both the Official Disability Guidelines (ODG) and the Chronic Pain Medical Treatment Guidelines recommend the use of cyclobenzaprine be very time limited. Therefore, Fexmid 7.5mg #90 is not medically necessary.