MAXIMUS Federal Services

Case Number:	CM14-0181111		
Date Assigned:	11/05/2014	Date of Injury:	07/10/2014
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 Geriatrics and is licensed to practice in New York. 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 37 year old man with a date of injury of 7/10/14. He was seen by his primary treating physician on 10/10/14 with complaints of cervical and lumbar spine pain as well as left shoulder / upper extremity and left ankle pain. His cervical and lumbar spine exam showed tenderness and spasm over the paravertebral musculature with limitations in flexion and extension. His left shoulder was tender over the clavicle and generally over the shoulder. His left ankles showed plantar flexion to 50 degrees and dorsiflexion to 0 degrees with tenderness and lateral ligament instability. He had a left positive straight leg raise and decreased sensation to the medial aspect of the foot. His diagnoses were cervical and lumbosacral spine musculoligamentous sprain, left ankle sprain and left clavicle fracture. He had no other past medical history of comorbid illnesses. At issue in this review is the request for Norco, Fexmid and an internal medicine evaluation for 'gastric complaints'.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 41 year old injured worker has pain with an injury sustained in 2010. His medical course has included numerous treatment modalities and ongoing use of several medications including narcotics, NSAIDs and Gabapentin. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status specifically related to diclofenac to medically justify continued use.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This 37 year old injured worker has chronic back pain with an injury sustained in 2014. His medical course has included numerous diagnostic imaging including MRI and use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Fexmid is not supported in the records.

Internal medicine evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations and on the ACOEM Practice Guidelines, Chapter 4: Work Relatedness, page 65

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This 37 year old injured worker has chronic back pain with an injury sustained in 2014. His medical course has included numerous diagnostic imaging including MRI and use of several medications including narcotics and muscle relaxants. He has no other medical comorbidities to warrant an internal medicine evaluation and the note only states that the rationale behind this request is for 'gastric complaints' which are not documented in the history. He also is not at high risk of gastrointestinal events to justify medical necessity of an internal medicine evaluation. His age is greater than 65, he has no history of peptic ulcer, GI bleeding or

perforation; he is not concurrently using ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Therefore, the request is not medically necessary.