MAXIMUS Federal Services

Case Number:	CM14-0020286		
Date Assigned:	04/25/2014	Date of Injury:	06/02/2008
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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:

This is a 52 year old male who has reported multifocal pain after an injury on 6/2/08. Among the painful areas are the low back, knees, and shoulders. The diagnoses include left shoulder degenerative joint disease, rotator cuff tear, lumbar degenerative disc disease, and radiculitis. Treatment has included medications, physical therapy, prolonged total disability, and shoulder injection. There was a long gap in medical care from 2009 to 3/5/13 due to a prison stint. When care resumed in March 2013, he was started on multiple medications and stated to be "temporarily totally disabled". He was seen periodically since that time for ongoing pain, continued "temporarily totally disabled" work status, and dispensing of the same opioids and muscle relaxants, as well as other medications. On 10/28/13 the primary treating physician noted that the injured worker stated that Norco did not manage his pain. Subsequent periodic reports from the primary treating physician through 1/13/14 note ongoing shoulder, knee, and back pain with no specific functional benefit from medications. Work status is "temporarily totally disabled". Both Norco and Fexmid have been prescribed chronically for months at minimum. There is no account of ongoing low back spasm. As of 1/13/14 pain medications are reported to be inadequate for pain relief. On 2/14/14, Utilization Review partially-certified the prescribed Fexmid and Norco, noting a prior partial certification for these medications on 12/10/13, and lack of indications and prescribing per the MTUS. The MTUS was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FEXMID 7.5MG #60.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Flexeril Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for a year. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The temporarily totally disabled work status implies a complete loss of function. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with Cyclobenzaprine. Per the MTUS guidelines, Cyclobenzaprine is not indicated and is not medically necessary.

NORCO 10/325MG #80: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-81, 89 and 94.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS guidelines, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS recommends a urine drug screen program for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program for this injured worker. The prescribing physician describes this injured worker as temporarily totally disabled, which represents a profound failure of treatment, as this implies confinement to bed for most or all of the day and no functional improvement. Multiple reports refer to the lack of adequate analgesia with the medications, yet Norco was continued regardless. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Norco is not medically necessary.