

Case Number:	CM14-0021529		
Date Assigned:	05/07/2014	Date of Injury:	12/07/2012
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal 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 patient is a 53 year old male who was injured on 12/07/2012 when he fell to the floor from a ladder, hitting both shoulders. Some boxes fell on face and hit his nose. His most recent report dated 01/16/2014 is illegible. Orthopedic QME dated 12/18/2013 states the patient presents with complaints of low back and neck pain and bilateral shoulder pain. On examination of the cervical spine, there is tenderness to palpation over the cervical spine, paravertebral muscles and trapezius muscles bilaterally and he has pain with all movements. He showed a restriction in motion of the cervical spine. Motor, sensory and reflex functions are normal in the upper extremity. There is tenderness to palpation over the whole lumbar spine. Range of motion of the thoracolumbar spine is decreased in all planes with pain. Supine straight leg raise test is 90 degrees bilaterally with pain in the back. The patient has been taking cyclobenzaprine, Norco, and Naproxen. It is documented that the patient has been on temporary total disability since 12/07/2012. The patient is diagnosed with neck pain, bilateral shoulder pain, left wrist fracture, distal radius; and low back pain. The patient has been recommended Anaprox 550 mg, Fexmid 7.5 mg and Norco 25/325 mg. Prior UR dated 02/10/2014 states the request for Anaprox 550 mg is non-certified as the patient showed no improvement in symptoms while taking NSAIDs. Fexmid 7.5 is non-certified as evidence submitted did not document any acute spasms. Norco 25/325 mg is non-certified as there is no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ANAPROX DS 550MG, #60 DOS: 1/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68.

Decision rationale: According to CA MTUS guidelines, Anaprox (Naproxine) as a NSAID is recommended for chronic back pain and an option for short-term symptomatic relief. "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain. The medical records document that the patient has been taking this medication at least since 4/11/2013. According to the guidelines which do not support the use of NSAIDs as a long-term management medications; the requested Anaprox DS 550MG #60 is not medically necessary.

PRESCRIPTION OF FEXMID 7.5MG, #60 DOS: 1/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain/ Muscle relaxants Page(s): 63.

Decision rationale: As per CA MTUS guidelines, Fexmid (Cyclobenzaprine) as a muscle relaxant is recommended with caution as a second-line option for short-term, 2-3 weeks, treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records address that the patient has been administering this muscle relaxant at least since 4/11/2013, which is not recommended by the guidelines. Moreover, there is no documented muscular spasm in the patient's records. The medical necessity of Fexmid 7.5mg #60 has not been established. Therefore, the request is not medically necessary.

PRESCRIPTION OF NORCO 2.5/325MG, #60 DOS: 1/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

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

Decision rationale: According to CA MTUS guidelines, Norco (Hydrocodone and Acetaminophen) as a short acting opioid is recommended for chronic pain management. For the on-going management with Opioids, the guidelines state the following criteria; "Ongoing review

and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records indicate that the patient has been taking opioids since at least 4/11/2013, but there is lack of documentation of improvement (in terms of pain and function assessment) in response to the long-term administration of these drugs. Therefore, based on guidelines and a review of the evidence, the requested Norco 2.5/325mg #60 is not medically.