

Case Number:	CM14-0021551		
Date Assigned:	05/07/2014	Date of Injury:	09/01/2005
Decision Date:	08/07/2014	UR Denial Date:	02/07/2014
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 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 47-year-old female with a date of injury of 9/1/05. The mechanism of injury occurred when she stepped into a golf cart as the driver drove off. On 10/15/13, she complained of pain in both knees, and neck pain with associated headaches. Exam revealed cervical musculature tenderness bilaterally, and decreased range of motion. The diagnostic impression is s/p right total knee, lumbar myoligamentous injury with DDD, and bilateral upper and lower extremity radiculopathy. Treatment to date: surgery, medication management. A UR decision dated 2/6/14, denied the requests for a retrospective prescription of Norco 10/325mg #300, dated 1/14/14, and a retrospective prescription of Fexmid 7.5mg (cyclobenzaprine), dated 1/14/14. There has been multiple prior peer reviews performed on this patient, with the recommendation to non-certify the request for continued use of Norco. Despite multiple reviews with recommendations for weaning and discontinuation, the patient continues on Norco without any change in dose. She takes 8-10 tablets of Norco per day, which equates to 2600 to 3250mg of acetaminophen per day. Large amounts of acetaminophen (APAP) taken on a daily dose is not recommended and should not be taken for an extended period of time due to adverse effects. Therefore, the request for Norco was not appropriate. The Fexmid 7.5mg was denied because there was no indication of any acute exacerbation of the chronic condition at the time of presentation on 1/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF NORCO 10/325MG, #300 DOS: 1/14/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There was no CURES Report, urine drug screen (UDS), or an opiate contract noted in the records provided. The UR review noted that there has been several peer review performed on this patient with recommendations to decrease the dose of Norco from the 8 - 10 tablets/day that the patient stated she takes. With 10 Norco daily, this is a significant amount of acetaminophen intake for a patient with chronic Norco use. There has not been any attempt to decrease the dose of Norco given to the patient. Therefore, the retrospective request for Norco 10/325mg, #300 with date of service of 1/14/14, was not medically necessary.

RETROSPECTIVE PRESCRIPTION OF FEXMID 7.5MG DOS: 1/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition this is noted to be a refill for Fexmid (cyclobenzaprine). Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. In addition, the request for Fexmid does not specify a quantity. Therefore, the retrospective prescription of Fexmid 7.5mg, with a date of service of 1/14/14, was not medically necessary.