

Case Number:	CM14-0028826		
Date Assigned:	07/11/2014	Date of Injury:	05/26/2009
Decision Date:	08/08/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery 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 claimant is a 47-year-old male injured on May 26, 2009, while turning on a fountain. The records available for review note that the claimant underwent a July 2013 cervical fusion. His current working diagnoses include status post anterior cervical discectomy and fusion, cervical discopathy, lumbar discopathy, and thoracic discopathy. At a February 3, 2014, follow-up visit, the claimant reported residual left shoulder blade and scapular pain. On physical examination of the lumbar spine, midline tenderness was noted. Bilateral straight leg was positive, greater on the right than on the left, with decreased sensation at the L5-S1 level. Pain with heel-to-toe walking was noted, as was weakness against resistance. Plain film radiographs showed nearly complete arthrodesis of the cervical spine. The blade was intact, and loosening of the screws was evident. This request is for 60 tablets of Norco in a 2.5 mg dosage and 60 tablets of Fexmid in a 7.5 mg dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

60- TABLETS OF NORCO 2.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 41,76 & 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids Page(s): 75-80,91.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, this request would not be supported. Under the Chronic Pain Guidelines, short-acting agents such as Norco may be used in the chronic setting to manage acute pain associated with a flare of symptoms. In this case, the reviewed records reference residual symptoms but no symptoms indicative of an acute flare. For that reason, this request would not be established as medically necessary.

60 TABLETS OF FLEXIMED 7.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - : Muscle relaxants for pain, Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to California MTUS Chronic Pain Guidelines, this request would not be supported as medically necessary. Under the Chronic Pain Guidelines, agents such as Flexmed would be recommended for short-term use if first-line conservative treatments - such as the use of muscle relaxants, anti-inflammatories and activity modification - fail to manage symptoms of exacerbation in claimants with chronic back pain. In this case, the reviewed records do not document the failure of conservative care, nor do the records reference physical examination findings establishing the need for muscle relaxants. Therefore, this request would not be indicated.