

Case Number:	CM14-0031630		
Date Assigned:	06/20/2014	Date of Injury:	10/18/2010
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 51 year old female who sustained an injury 10/18/10 when she fell from a broken chair landing on her back, striking her head and right upper extremity. Prior treatment included physical therapy with limited benefit. The injured worker also received epidural steroid injections in 2012 followed by lumbar facet blocks. The injured worker has had persistent complaints of pain in the neck and low back areas. The injured worker did have right-sided sacroiliac joint injections completed on 06/21/13. The injured worker was seen 01/08/14. The report was hand-written but reported continuing complaints of pain in the neck and low back regions. Tenderness to palpation was noted on physical exam. There appeared to be some sensory loss in the L4-L5 distribution. The injured worker was recommended for a rhizotomy based on results from prior medial branch blocks. The injured worker was willing to try over-the-counter Tylenol. The injured worker was not working at this evaluation. Follow up on 02/10/14 was again hand-written and somewhat difficult to interpret due to hand-writing. There continued to be spasms noted on the lumbar spine as well as tenderness to palpation over the sacroiliac joint. Straight leg raise was positive for low back pain. Norco was continued at this evaluation as well as Motrin and Cyclobenzaprine. The requested Motrin 60mg #110 and Fexmid 7.5mg #60 were denied by utilization review on 03/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Motrin 60mg #110: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288.

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

Decision rationale: Motrin 60mg quantity 110 is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could reasonably transition to an over-the-counter medication for pain.

Fexmid 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: Fexmid 7.5mg #60 is medically necessary based on review of the clinical documentations submitted as well as current evidence based guidelines. The injured worker was prescribed Fexmid on the February of 2014 clinical report due to ongoing tenderness and spasms in the lumbar spine on a physical exam. Per guidelines, the use of muscle relaxers for short-term use to address musculoskeletal complaints as well as spasms is supported and would be medically necessary. There was no documentation regarding the recent long-term use of muscle relaxers and the injured worker physical exam findings did note continuing tenderness to palpation and myofascial spasms. Given the increasing spasms noted on physical exam, this medication is medically necessary.