

Case Number:	CM14-0034991		
Date Assigned:	06/23/2014	Date of Injury:	09/15/2006
Decision Date:	10/15/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation and Pain Management 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 underlying date of injury in this case is 09/15/2006. The date of the utilization review under appeal is 03/11/2014. On 02/14/2014, the patient was seen in pain management followup regarding a cervical ligamentous injury, left shoulder sprain, lumbar ligamentous injury, left knee internal derangement, and medication-induced gastritis. The treating physician reviewed this patient's history of arthroscopic surgery to the left knee in 2007 and ongoing pain in the knee although more bothersome for neck and lower back pain. The patient was noted to have a series of cervical and lumbar epidural injections which did provide some improvement in mobility and activity to tolerance. The patient's low back pain had steadily worsened with significant functional limitations and significant disc protrusions in the lumbar spine. The patient was noted to have imaging and electrodiagnostic evidence of an L4-L5 radiculopathy. The treatment plan included an L4-L5 epidural injection as well as a left subacromial injection. Medications were refilled including Norco, Ultram, Fexmid, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Fexmid 7.5 mg. # 60 between 2/14/2014 and 2/14/2014.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants discusses Fexmid, stating that this is recommended for a short course of therapy and that the guidelines do not recommend chronic use. The records do not provide an alternate rationale to support chronic use of this medication. This request is not medically necessary.

One (1) prescription for Norco 10/325 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids ongoing management, page 78, discusses the 4 A's of opioid management, noting the importance of documenting pain relief, functional status, appropriate medication use, and side effects. The medical records do not clearly document these 4 A's of opioid management . Moreover, the guidelines in particular do not support chronic opioids in a chronic situation such as this dating back over 8 years unless there is clear benefit achieved only through opioids and not achievable through other means. These guidelines have not been met. This request is not medically necessary.

One (1) prescription for Ultram Extend Release 200 mg, #30 between 2/14/2014 and 2/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids ongoing management, page 78, discusses the 4 A's of opioid management, noting the importance of documenting pain relief, functional status, appropriate medication use, and side effects. The medical records do not clearly document these 4 A's of opioid management . Moreover, the guidelines in particular do not support chronic opioids in a chronic situation such as this dating back over 8 years unless there is clear benefit achieved only through opioids and not achievable through other means. These guidelines have not been met. This request is not medically necessary.