

Case Number:	CM14-0037487		
Date Assigned:	07/25/2014	Date of Injury:	11/21/2011
Decision Date:	08/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Mississippi. 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 53-year-old gentleman who was reportedly injured on November 21, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 13, 2014, indicates that there are ongoing complaints of low back pain, left shoulder pain, neck pain, and headaches. Current medications include Percocet, which has been reduced from three to two tablets per day, Norco, Fexmid and Anaprox. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles as well as the trapezius and medial scapular. Multiple trigger points were noted. There was decreased cervical spine range of motion. Decreased sensation was noted along the left forearm in the C5, C6 nerve distribution. The physical examination of the lumbar spine also noted tenderness of the paravertebral muscles, trigger points and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the cervical spine noted a solid C6/C7 fusion and a C5/C6 disc osteophyte complex. A magnetic resonance image of the lumbar spine revealed disc protrusions at L4/L5 and L5/S1 along with other multilevel disc desiccation and degenerative changes. Nerve conduction studies of the lower extremities revealed a left-sided L5 radiculopathy. Previous treatment includes cervical spine C6/C7 fusion, and L4/L5 and L5/S1 fusion, and left shoulder arthroscopic surgery. A request was made for Fexmid, Percocet, Neurontin and Norco and was not certified in the pre-authorization process on February 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FexMid 7.5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Fexmid (Cyclobenzaprine) is a muscle relaxant. According to the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. The progress note dated January 7, 2014 indicates that the injured employee has had exacerbations of his neck and low back pain. Therefore this request for Fexmid is medically necessary.

Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

Decision rationale: Percocet is a short-acting opioid combined with acetaminophen. The MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in his pain or function with the current regimen. As such, this request for Percocet is not medically necessary.

Neurontin 300mg BID: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines considers Neurontin to be a first-line treatment for neuropathic pain. According to the progress note dated February 13, 2014, the injured employee complains of radicular symptoms, and there are abnormal neurological findings on physical examination. Considering this, the request for Neurontin 300mg twice a day is medically necessary.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. MTUS Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.