

Case Number:	CM14-0040247		
Date Assigned:	06/27/2014	Date of Injury:	05/09/2012
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 48 year old patient had a date of injury on 5/9/2012. The mechanism of injury was not noted. On a progress report dated 2/19/2014, the patient complains muscle spasms as well as numbness in the extremities. Objective findings include patient in apparent distress, walks without any difficulties, and no tenderness of the medial or lateral muscle mass. Diagnostic impression shows status post left elbow open debridement surgery for chronic lateral epicondylitis. MRI of cervical spine was dated on 12/23/2013, showing reversal of cervical lordosis, mild to moderate central canal narrowing as well as abutment of the exiting right cervical nerve root with moderate narrowing of the right neural foramina. Treatment to date: medication therapy, behavioral modification. A UR decision on denied the request from 2/14/2014 and 5/24/2014, 120 units of Norco 5/325 stating records fail to reveal documentation of analgesia, ADLs, monitoring of drug aberrant behavior. 1 pain management consult for cervical spine ESI was denied, stating radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the 11/17/2012 cervical MRI revealed 1 3mm disc bulge and osteophyte contacting the cord with bilateral foraminal narrowing at the C5-C6 level, the available medical records do not contain physical examination findings that corroborate with the imaging and support the diagnosis of radiculopathy. 60 units of Fexmid 7.5mg was denied, stating that given the concurrent use of Motrin, the addition of Fexmid would not be warranted, as the MTUS states muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Units of Norco 5/325mg: 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): 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. In the reports viewed, there was no documented functional improvement noted found from the patients opioid regimen. Furthermore, there was discussion regarding CURES monitoring, pain contract, or urine drug screens. Therefore, the request for Norco 5/325 #120 is not medically necessary.

(1) Pain Management Consult for Cervical Spine ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections(ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, on a progress note dated 3/19/2014, the patient does demonstrate musculoskeletal signs for numbness, muscle spasm, and chronic pain. However, there is no indication that diagnostic and therapeutic management were exhausted within the treating providers scope of practice. The patient does not meet criteria for a cervical ESI. Therefore, the request for pain management consult for cervical spine ESI is not medically necessary.

60 units of Fexmid 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CyclobenzaprineMuscle relaxants (for pain).

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

Decision rationale: According to 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. In the reports viewed, no clear rationale was provided to necessitate the use of cyclobenzaprine in addition to the patients pain medications. Furthermore, no documentation was found consistent with an acute exacerbation of symptoms that would justify its use. Therefore, the request for fexmid 7.5 mg is not medically necessary.