

Case Number:	CM14-0059288		
Date Assigned:	07/09/2014	Date of Injury:	07/06/2009
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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, and Ohio. 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 47-year-old male who reported an injury on 07/06/2009. The mechanism of injury was not specifically stated. Current diagnoses include status post lumbar fusion, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and painful retained hardware. The injured worker was evaluated on 05/02/2014 with complaints of 6/10 lower back pain with numbness and tingling in the lower extremities. Physical examination revealed an antalgic gait, a well healed midline surgical scar, severe lumbar paraspinous muscle spasm, moderate pain over the hardware, moderate to severe facet tenderness, limited range of motion, positive Kemp's testing, positive straight leg raising, diminished strength in the bilateral lower extremities, absent ankle reflexes bilaterally, and decreased sensation along the L5 and S1 dermatomes bilaterally. Treatment recommendations at that time included a refill of Norco 10/325 mg, Tramadol 150 mg, Motrin 800 mg, Gabapentin 600 mg, and Fexmid 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 2.5mg, 1 by mouth every 4 to 6 hours #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco since 04/2014 without any evidence of objective functional improvement. There is also no documentation of a written pain consent or agreement. As such, the request is not medically necessary and appropriate.

Retrospective Tramadol ER 150mg, 1 by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized tramadol since 01/2014 without any evidence of objective functional improvement. There was also no documentation of a written pain consent or agreement. Therefore, the request is not medically necessary and appropriate.

Retrospective Fexmid 7.5mg by mouth three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The injured worker has utilized Fexmid since 01/2014 without any evidence of objective functional improvement. The injured worker continues to demonstrate severe lumbar paraspinal muscle spasm. Guidelines do not recommend long-term use of muscle relaxants. As such, the request is not medically necessary and appropriate.