

<b>Case Number:</b>	CM14-0067072		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 is a 36-year-old male with a 2/15/08 date of injury. The mechanism of injury was not noted. According to a handwritten progress note dated 5/4/14, the patient complained of numbness in his right leg. Objective findings: decreased ROM, and complained of pain. Some parts of this note were illegible. Diagnostic findings: depressive disorder, lumbar disc displacement. Treatment to date: medication management. A UR decision dated 4/22/14 denied the requests for Fexmid, Norco, and Naproxen. There was no clear clinical information provided for review and no clinical examination provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 68, 71, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies

have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Most of the records provided for review were handwritten, illegible, and brief. There was no discussion of functional improvement from the patient's use of Naproxen. Therefore, the request for Naproxen 550 mg bid #60 was not medically necessary.

**Norco 10/325mg bid #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug listHydrocodone/Acetaminophen Page(s): 91.

**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. Most of the records provided for review were handwritten and brief. There is no documentation of significant pain reduction or improved activities of daily living. In addition, a urine drug screen from 10/18/13 was inconsistent for opioid use. There is no documentation that the provider has addressed this issue for the patient. Therefore, the request for Norco 10/325 mg bid #90 was not medically necessary.

**Fexmid 7.5mg tid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63,64.

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

**Decision rationale:** According to page 41 of the 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. Most of the records provided for review were handwritten and brief. It is noted that the patient has been on Cyclobenzaprine since at least 12/9/13, if not earlier. Guidelines do not support the long-term use of Cyclobenzaprine. Therefore, the request for Fexmid 7.5mg tid #60 was not medically necessary.