

Case Number:	CM14-0072233		
Date Assigned:	07/16/2014	Date of Injury:	06/13/2012
Decision Date:	09/16/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The patient is a 30 year old female who was injured on 06/13/2012 when she slipped on the wet floor and twisted her back. Prior treatment history has included physical therapy, and ESI x 2 without relief. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/06/2014 demonstrated disc bulge with central annular tear at L5-S1 level without significant lumbar spinal stenosis. There are no previous drug screenings available for review. Progress report dated 06/23/2014, states the patient presented with pain rated as 5/10 with medication and 8/10 without medication. It is noted that the patient is weaning from Norco. She reported continued muscle spasms in the mid back but alleviated with medication. Objective findings on exam revealed normal reflex, sensory and motor testing to bilateral upper extremities and lower extremities. She does have mild weakness and numbness on the left at S1. Straight leg raise and bowstring are positive on the left. There is lumbar tenderness with spasms of the paraspinal muscles. Lumbar spine range of motion is decreased to about 20%. Progress report dated 05/12/2014, noted these objective findings were unchanged and she was utilizing Norco and Norflex at this time. She is diagnosed with disc bulge at L5-S. Her medications were refilled which, included Naproxyn, Norflex. The First line treatment for pain has including aspirin and ibuprofen, which have failed in the past. Prior utilization review dated 04/17/2014, states the request for Fexmid 7.5 mg, QTY: 60 is denied as there is a lack of evidence to support the request; Norco 10/325 mg, QTY: 90 is denied as medical necessity has not been established; Topical Mentherm cream 120 ml is denied as it is not supported for long-term use; and Urine drug screen toxicology test as there is no documented ongoing treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The patient is a 30 year old female who was injured on 06/13/2012 when she slipped on the wet floor and twisted her back. Prior treatment history has included physical therapy, and ESIX2 without relief. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/06/2014 demonstrated disc bulge with central annular tear at L5-S1 level without significant lumbar spinal stenosis. There are no previous drug screenings available for review. Progress report dated 06/23/2014 states the patient presented with pain rated as 5/10 with medication and 8/10 without medication. It is noted that the patient is weaning from Norco. She reported continued muscle spasms in the mid back but alleviated with medication. Objective findings on exam revealed normal reflex, sensory and motor testing to bilateral upper extremities and lower extremities. She does have mild weakness and numbness on the left at S1. Straight leg raise and bowstring are positive on the left. There is lumbar tenderness with spasms of the paraspinal muscles. Lumbar spine range of motion is decreased to about 20%. These objective findings are unchanged from note dated 05/12/2014 and she was utilizing Norco and Norflex at this time. She is diagnosed with disc bulge at L5-S. Her medications were refilled which included Naproxyn, Norflex. First line treatment for pain including aspirin and ibuprofen have failed in the past. Prior utilization review dated 04/17/2014 states the request for Fexmid 7.5 mg, QTY: 60 is denied as there is a lack of evidence to support the request, Norco 10/325 mg, QTY: 90 is denied as medical necessity has not been established; Topical Mentherm cream 120 ml is denied as it is not supported for long-term use; and Urine drug screen toxicology test as there is no documented ongoing treatment plan Page(s): 63-66.

Decision rationale: According to MTUS guidelines, muscle relaxers are recommended for short-term treatment of acute exacerbations of low back pain. Fexmid, Cyclobenzaprine, is not recommended for long-term use. However, the patient appears to be prescribed Fexmid on a long-term basis. There is no documentation of acute exacerbation. History and examination findings do not support an exception to this recommendation. As such, this request is not medically necessary.

Norco 10/325 mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81 and 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic low back pain or neuropathic pain is not clearly established. In this case the patient is prescribed Norco on a long-term basis without objective clinically significant functional improvement or reduction in dependency on medical care. As such, this request is not medically necessary.

Topical Methoderm cream 120 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/menthoderm-cream.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111-113.

Decision rationale: This a request for topical Methoderm for a 30-year-old female injured on 6/13/13 with chronic low back pain. Methoderm appears to contain methyl salicylate and menthol. However, according to MTUS guidelines, topical NSAIDs are not recommended for the spine. As such, this request is not medically necessary.

Urine drug screen toxicology test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing and Opioids, criteria for use, 4) On-Going Management Page(s): 43 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing.

Decision rationale: According to MTUS guidelines, urine drug testing is recommended for patients taking opioids with frequency of testing dependent on risk of abuse or aberrant behavior. The patient has switched providers, and urine drug testing is requested at initial visit. As such, this request is medically necessary.