MAXIMUS Federal Services

Case Number:	CM14-0078798		
Date Assigned:	07/21/2014	Date of Injury:	07/30/2001
Decision Date:	09/23/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 injured worker is a 56-year-old female who was reportedly injured on 07/30/2011. Mechanism of injury not listed in the records reviewed. Last progress note dated 04/08/2014, indicated the injured worker complains of lower back pain rating 8/10 radiating to the left lower extremity as well as neck pain radiating to both upper extremities rating 6/10. Examination shows tenderness over the posterior cervical spine musculature, decreased motion, decreased sensation and weak deep tendon reflexes graded in the upper extremities. Examination of the post lumbar musculature shows tenderness with muscle rigidity, trigger points, decreased motion, decreased sensation and weak deep tendon reflexes in the right ankle graded and absent on the left as well as positive straight leg raise test. The injured worker has been stable on current medical regimen and has cut back 50% of OxyContin 20mg to twice a day and requires Fexmid in place of some of the OxyContin as well as the Anaprox. Lortab, Dalmane and Soma were discontinued. Since discontinuance of the Lortab the injured worker has had worsening radicular symptoms to the left lower extremity. A request was made for Fexmid 7.5mg Qty 240, Norco 10/325mg Qty 60, and was not certified on 04/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg Qty 240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41 and 64.

Decision rationale: Fexmid (Cyclobenzaprine) is recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS). According to the guidelines, antispasmodics are used to decrease muscle spasms. In this case, the medical records do not document the presence of substantial muscle spasm refractory to first line treatments. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Fexmid is not established per guidelines. The request for Fexmid 7.5mg Qty 240 is not medically necessary.

Norco 10/325mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no evidence of return to work. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. There is no documentation of urine drug test to monitor the patient's compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation. The request for is Norco 10/325mg Qty 60 not medically necessary.