

Case Number:	CM14-0078863		
Date Assigned:	07/18/2014	Date of Injury:	12/26/2000
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
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 59-year-old female who was reportedly injured on 12/26/2000. The mechanism of injury is not listed in the records reviewed. The last progress report dated 05/09/2014 reports the injured worker as having an antalgic gait. Lumbar range of motion was restricted with flexion to 50, extension was limited due to pain, right lateral bending was 40 and left was 30, and left lateral rotation was 40 and right 35 with guarded range of motion. The injured worker had paravertebral muscle spasm, tenderness and tight muscle bands on both sides. The injured worker had spinous process tenderness at L4 and L5 with normal heel and toe walk. Lumbar facet loading was negative bilaterally, Faber's test was positive, tenderness to the left sacroiliac joint, muscle strength was normal and 14-point review of systems was negative. The treatment to date consisted of exercise, medications, epidural steroid injections, physical therapy and use of a transcutaneous electrical nerve stimulation unit. A request was made for Fexmid 7.5mg and Norco 5/325mg #60 with two refills and was denied by utilization review on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Fexmid) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm refractory to first line therapy such as stretching exercise. The medical records demonstrate the patient has been prescribed Cyclobenzaprine on an ongoing basis. Chronic use of muscle relaxants is not recommended by the guidelines. Furthermore, there is no evidence of significant improvement in pain or function with prior use. Therefore, Fexmid 7.5mg is not medically necessary.

Norco 5/325mg #60, Refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco: Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, ongoing management Page(s): 78 of 127.

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 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 screen to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, Norco 5/325mg #60, Refills x2 is not medically necessary.