

Case Number:	CM14-0098506		
Date Assigned:	07/28/2014	Date of Injury:	01/21/2011
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported an injury on 01/21/2011. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with low back pain that radiated to the bilateral lower extremities. Current medications were Norco, Ultram, Anaprox, Fexmid, Protonix, Topamax, Sonata, lisinopril, hydrochlorothiazide, and Prilosec. Upon examination of the posterior cervical musculature there was tenderness to palpation with increased muscle rigidity and numerous trigger points throughout. There was decreased range of motion. The examination of the bilateral shoulders revealed limited range of motion and significant pain with abduction. The pain radiated to the back of his neck. Deep tendon reflexes were 2+ in the bilateral upper extremities and there was decreased sensation over the posterolateral arms and lateral forearms bilaterally. The examination of the lumbar spine revealed tenderness to palpation of the posterior lumbar musculature bilaterally and increased muscle rigidity as well as trigger points palpable throughout. There was decreased range of motion and pain with flexion and extension. The diagnoses were cervical myoligamentous injury with associated cervicogenic headaches, post-concussion head syndrome, bilateral upper extremity radiculopathy, lumbar myoligamentous strain with associated bilateral lower extremity radicular symptoms, lumbar facet syndrome, chronic nausea and vomiting, left submandibular myoligamentous injury/inflammation, medication induced gastritis, and hypertension. The provider recommended Norco, Fexmid, and Ultram. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco- Opioids. Decision based on Non-MTUS Citation Agency Medical Director's Group (AMDG) Guidelines from Washington State. (AMDG, 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of Norco was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the Norco 10/325mg #60 is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexmid - muscle relaxants (for pain) Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Procedure Summary last updated 04/10/2014.

Benzodiazepines: Not recommended due to rapid development of tolerance and dependence. There appears to be little benefit for the use of this class of drugs over non-benzodiazepines for the treatment of spasm (See, 2008).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain relief and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The efficacy of prior use of muscle relaxants was not provided. Additionally, the Guidelines recommend short term treatment and the provider's request for Fexmid 7.5 mg #60 exceeds the Guideline recommendations of short term treatment. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, Fexmid 7.5mg #60 is not medically necessary.

Ultram ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram ER - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of Ultram was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the Ultram ER 150mg #30 is not medically necessary.