

Case Number:	CM14-0098623		
Date Assigned:	09/23/2014	Date of Injury:	12/30/2005
Decision Date:	11/19/2014	UR Denial Date:	06/25/2014
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 Family Practice 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:

57 year old female claimant sustained a work injury on 12/30/05 involving the low back. An MRI in 2006 showed L5-S1 central canal disc protrusion and stenosis. The claimant had been managed with Vicodin and Fexmid for pain and spasms since at least January 2014. A progress note on 6/5/14 indicated the claimant had 5/10 pain in the back and legs. She had transitioned from Vicodin to Norco and had taken that along with Darvocet, Motrin, Ultram and Fexmid. Exam findings were notable for lumbar spine tenderness to palpation and a positive straight leg raise. She was given 2 more months of Norco along with additional Fexmid and topical LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/375 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a

trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco along with 2 other opioids and an NSAID for pain. No one opioid is superior to another. The indication for multiple pain medications is clarified in the documentation. The continued use of Norco is not medically necessary.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Fexmid Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines: Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the claimant had been on Fexmid for months along with other medications. Continued and prolonged use of Fexmid is not medically necessary.