

Case Number:	CM14-0192592		
Date Assigned:	11/26/2014	Date of Injury:	01/14/2013
Decision Date:	01/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant is a 36 year-old male who has a history of a work injury occurring on 01/14/13 when, while removing wooden beams, he fell, striking his head on concrete. He sustained injuries including loss of consciousness. He has not worked since the date of injury. He was seen by the requesting provider on 03/19/14. Treatments had included two injections. Surgery was being considered. Physical examination findings included lumbar paraspinal muscle spasm and splinting with positive straight leg raising. There was decreased lumbar spine range of motion with a forward flexed posture. He had cervical spine paraspinal muscle spasm. There was decreased cervical spine range of motion. He had decreased lower extremity strength and sensation. Norco and Fexmid were prescribed. On 08/28/14 he had ongoing symptoms. Pain was rated at 8-9/10 without medication and 6/10 with medication. Authorization for spine surgery was pending. Medications were refilled. On 10/24/14 he was having ongoing pain. He was using a right knee brace. He was ambulating with a cane. Physical examination findings included lumbar paraspinal muscle tenderness and muscle spasms with decreased range of motion. He had right knee tenderness with positive grind and McMurray testing. There was decreased range of motion. Norco and Fexmid were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic back and right knee pain. Medications include Norco and Fexmid being prescribed on a long term basis. The claimant has not returned to work and further treatment, including lumbar spine surgery is being considered. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan and there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.

Fexmid 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41; 63.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic back and right knee pain. Medications include Norco and Fexmid being prescribed on a long term basis. The claimant has not returned to work and further treatment, including lumbar spine surgery is being considered. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Fexmid was not medically necessary.

Priolosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic back and right knee pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Priolosec was not medically necessary.