MAXIMUS Federal Services

Case Number:	CM14-0195349		
Date Assigned:	12/03/2014	Date of Injury:	04/16/2011
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 16, 2011. In a Utilization Review Report dated November 6, 2014, the claims administrator denied a request for Fexmid and partially approved a request for Norco. The claims administrator stated that its decision was based on an October 8, 2014 progress note. The claims administrator stated that the applicant has failed to derive any functional benefits from Fexmid. The applicant's attorney subsequently appealed. On October 16, 2014, the applicant was given prescriptions for Norco and Naprosyn for ongoing issues with low back pain. In the progress note of October 8, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant reported 10/10 pain without medications versus 6/10 pain with medications. The applicant's complete medication list included Fexmid, Norco, Naprosyn, tramadol, and Tenormin. Epidural steroid injection therapy and Electrodiagnostic testing of bilateral lower extremities were sought while the applicant was placed off of work, on total temporary disability. Norco, Naprosyn, and Flexeril were renewed. The attending provider stated that the applicant's ability to sit and stand had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using Norco, tramadol, Naprosyn, etc. Adding Fexmid (cyclobenzaprine) to the mix is not recommended. It is further noted that the 60-tablet supply of Fexmid (cyclobenzaprine) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine (Fexmid) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. While the attending provider did outline some reduction in pain scores from 10/10 without medications to 6/10 with medications, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. The applicant's reports of improved sitting and standing tolerance do not, in and of itself, constitute evidence of substantive improvement achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.