

Case Number:	CM15-0105186		
Date Assigned:	06/10/2015	Date of Injury:	01/15/2010
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female, who sustained an industrial injury on 1/15/2010. She reported acute low back pain while doing lifting activities. She underwent a lumbar fusion in 2012 and revision on 2/17/14. Diagnoses include lumbosacral discogenic disease and post-laminectomy syndrome. Treatments to date include activity modification, physical therapy, epidural injections, and insertion of a spinal cord stimulator place on 5/21/15. Currently, she complained of pain in multiple body areas including low back with radiation down bilateral extremities, right greater than left with numbness. She reported cutting back the Norco from eight tablets a day down to six tablets a day. On 3/9/15, the physical examination documented lumbar tenderness, muscle rigidity and trigger points noted. She had decreased lumbar range of motion and muscle guarding. The straight leg raise test was positive bilaterally. The plan of care included Fexmid 7.5mg tablets, one tablet four times a day #120; Clindamycin 300mg tablets, one tablet twice a day #15; and Ultracet 37.5mg/325mg tablets, one tablet twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Fexmid 7.5 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic injury of 2010 with Fexmid listed under pharmacology profile since at least December 2014. The Retrospective Fexmid 7.5 mg #120 is not medically necessary and appropriate.

Retrospective Clindamycin 300 mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits, page 332; Prophylaxis (antibiotic & anticoagulant) page 260.

Decision rationale: Submitted reports indicate recommendation of Clindamycin dispensed on 4/27/15 for spinal cord stimulator procedure; however, SCS trial was done on 3/26/15, one month prior without documented indication for the antibiotic. In certain cases, antibiotics may be prescribed as routine precaution to avoid postoperative infection; however, there is no documented recent surgery or infection noted or what comorbidities the patient may have to deem the patient immuno-compromised for routine precaution with use of antibiotics. The Retrospective Clindamycin 300 mg #15 is not medically necessary and appropriate.

Retrospective Ultracet 37.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective Ultracet 37.5/325 mg #60 is not medically necessary and appropriate.