MAXIMUS Federal Services

Case Number:	CM15-0105437		
Date Assigned:	07/20/2015	Date of Injury:	02/01/2008
Decision Date:	08/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on 2/1/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with radiculopathy, status post anterior cervical discectomy and fusion, right shoulder sprain/strain and adhesive capsulitis, right shoulder surgery and anxiety/depression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/10/2015, the injured worker complains of neck pain rated 8-9/10, right shoulder pain rated 8-9/10 abdominal depression/anxiety and insomnia. Physical examination showed cervical and right shoulder tenderness and decreased range of motion and walks with a limp. The treating physician is requesting Fexmid 7.6 mg #90, Norco 5/325 #60 and Terocin patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Fexmid 7.6mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are very specific regarding the recommended use of Fexmid (Cyclobenzaprine). Guidelines do not recommend continued use on a long term basis (greater than 3 weeks). If Fexmid was highly effective, longer term use on a limited basis for distinct flare-ups is Guideline supported, but there is no evidence of it being highly effective and it is being prescribed for daily use on a long term basis. There are no unusual circumstances to justify an exception to Guidelines. The One (1) prescription for Fexmid 7.6mg #90 is not supported by Guidelines and is not medically necessary.

One (1) prescription for Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OpioidsFunctional Improvement Measures Page(s): 78-80/48.

Decision rationale: MTUS Guidelines have very specific criteria to justify the long term use of opioid medications. These criteria include detailed documentation of the amount of pain relief from opioids, detailing of the length of pain relief, detailed functional improvements secondary to use of opioids and the lack of drug related aberrant behaviors. There is inadequate documentation/evidence of pain relief from the long term use of opioids and there are no detailed measures of functional improvements as a result of opioid use. Under these circumstances, the one prescription of Norco 5/325 #60 is not supported by Guidelines and is not medically necessary.

One (1) prescription for Terocin patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus Lidocaine 2.5%. MTUS Chronic Pain Guidelines specifically do not support the use of topical Lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended any compound utilizing that ingredient is not recommended. Per MTUS Guidelines standards the compounded Terocin is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.