

Case Number:	CM15-0130718		
Date Assigned:	07/17/2015	Date of Injury:	10/09/2014
Decision Date:	08/19/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/07/2015

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, Pain Management

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 39-year-old male who sustained an industrial injury on 10/09/14. He reported head, neck, lumbar spine, and left elbow pain status post fall. Initial diagnoses included cervicalgia, cervical strain, lumbar strain, and herniated disc. Diagnostic testing and treatments to date have included MRI, CT of head/neck, neurology consultation, and symptomatic medication management. In a progress note dated 03/24/15, the injured worker complains of neck pain with radicular symptoms into the bilateral lower extremities aggravated by movement, coughing, and sneezing. He has daily headaches in the orbital region. Physical examination was remarkable for abnormal cervical spine and lumbar spine findings. Current diagnoses include cephalgia-history of head trauma, cervical sprain/strain without radiculitis/radiculopathy secondary to herniated cervical disc, lumbar sprain/strain without radiculitis/radiculopathy secondary to herniated lumbar disc, and contusion abrasion left elbow. Requested treatments include Anaprox 550mg #120, Fexmid 7/5mg #120, Ultram 150mg #60, and Fioricet 1 tab q6h #120. The injured worker is under temporary total disability. Date of Utilization Review: 06/03/15. A progress report states that the patient's medication reduces his pain from 8/10 to 5/10 and allows them to continue doing activities of daily living. The patient continues to have neck pain with radicular symptoms into the left arm as well as low back radicular symptoms and to the right and left legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox (Naproxen) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing analgesic benefits and objective functional improvement. As such, the currently requested Naproxen is medically necessary.

Fexmid 7/5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Fexmid) is not medically necessary.

Ultram 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Ultram 150mg #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects. It is acknowledged, that there should be better documentation regarding aberrant use. However, a 1-2 month prescription as requested here should allow the requesting physician time to better document that issue. As such, the currently requested Ultram 150mg #60 is medically necessary.

Fioricet 1 tab q6hrs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 23.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents is not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.