

Case Number:	CM15-0202575		
Date Assigned:	10/19/2015	Date of Injury:	03/12/2010
Decision Date:	12/29/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 51-year-old female who sustained an industrial injury on 3-12-2010 and has been treated for lumbar disc disease, lumbar radiculopathy, bilateral shoulder tendinosis, right knee and ankle sprain, left lateral epicondylitis, cervical disc disease and radiculopathy, and intractable low back pain. On 9-11-2015 the injured worker reported constant, throbbing low back pain, "with less radiating pain" than prior to a bilateral sacroiliac joint injection 8-17-2015 from which she reported 30 to 50 percent relief lasting for about one week. Pain at this visit was rated as 7-9 out of 10. She also complained of shoulder and right knee pain. Objective examination noted wide-based, mild antalgic gait to the right, decrease in normal lordosis, tenderness over the cervical musculature, facet tenderness over C4-C7 spinous processes, and positive axial head compression and Spurling sign. The low back showed tenderness with guarding and spasm, and moderate facet tenderness over L4-S1. Documented treatment includes physical therapy, epidural steroid injections, and medication including Norco, Anaprox, Fexmid, and Remeron which is noted as part of her treatment plan since at least 5-2015. Response to medication treatment is not provided. It is noted that a urine toxicology screening was performed during that visit. The treating physician's plan of care includes Norco 5-325 mg #60, Anaprox 550 mg #60, Fexmid 7.5 mg #60, and Remeron 15 mg #30 which were denied on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 4 months. The documentation does not support improvement of function with its use. In addition, the request does not include dosing frequency or duration. There is no discussion of toxicology reports included in the record. The request for opiate analgesia is not medically necessary.

Anaprox DS 550 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 4 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Remeron 15 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: anti-depressant.

Decision rationale: According to CaMTUS, antidepressants are recommended as first line agent for neuropathic pain and non-neuropathic pain in specific cases. Remeron is an anti-depressant typically prescribed for major depressive disorder. The documentation does not indicate why this IW is prescribed this medication. ODG recommends anti-depressant use to treat depression in physically ill patients. This is an ongoing prescription for this IW without documentation of symptom improvement. Additionally, the request does not include dosing or frequency. Without the support of recommendations, the request for Remeron is not medically necessary.