

Case Number:	CM15-0207823		
Date Assigned:	10/26/2015	Date of Injury:	05/24/2012
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial injury on 5-24-15. The injured worker reported cervical spine discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain. Medical records dated 9-17-15 indicate pain rated at 8 out of 10. Provider documentation dated 9-17-15 noted the work status as temporary totally disabled. Treatment has included status post cervical discectomy and fusion (November 2006), injection therapy, computed tomography, topical creams since at least January of 2015, radiographic studies, physical therapy and home exercise program. Objective findings dated 9-17-15 were notable for tenderness to palpation to the cervical spine with decreased range of motion. The original utilization review (10-13-15) partially approved a request for Norco 10-325 mg every 12 hours #60 and Fexmid 7.5 mg twice a day QTY 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg every 12 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg to 12 hours #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is cervical spine sprain strain. The remainder of the diagnoses are illegible in the progress note dated September 17, 2015. Date of injury is May 24, 2012. Request for authorization is dated October 6, 2015. According to a progress note dated November 10, 2014, the treating provider prescribed Norco 10/325mg. According to the progress note dated June 29, 2015, the treating provider prescribed Fexmid 7.5 mg. According to the progress note dated September 17, 2015, subjective complaints are C/S, 8/10. Objectively, there is TTP at the C/S with positive axial compression. The remainder of the clinical entry is illegible. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There are no detailed pain assessments or risk assessments. There is no documentation showing an attempt to wean Norco. Based on the clinical facts in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation showing an attempt to wean Norco and no detail pain assessments or risk assessments, Norco 10/325mg to 12 hours #60 is not medically necessary.

Fexmid 7.5 mg twice a day QTY 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5 mg b.i.d. #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is cervical spine sprain strain. The remainder of the diagnoses are illegible in the progress note dated September 17, 2015. Date of injury is May 24, 2012. Request for authorization is dated October 6, 2015. According to a progress note dated November 10, 2014, the treating provider prescribed Norco 10/325mg. According to the progress note dated June 29, 2015, the treating provider prescribed Fexmid 7.5 mg.

According to the progress note dated September 17, 2015, subjective complaints are C/S, 8/10. Objectively, there is TTP at the C/S with positive axial compression. The remainder of the clinical entry is illegible. There is no documentation demonstrating objective functional improvement to support ongoing Fexmid is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider continued Fexmid, at a minimum, in excess of four months. This is according to the progress note documentation and not the Fexmid start date. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and treatment continued in excess of four months (guidelines recommendations are for short-term less than two weeks), Fexmid 7.5 mg b.i.d. #60 is not medically necessary.