

Case Number:	CM15-0021818		
Date Assigned:	02/11/2015	Date of Injury:	12/01/1989
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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, Hawaii
 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 59 year old female, who sustained a work related injury on 12/1/89. The diagnoses have included lumbar radiculopathy, osteoarthritis of knees, right shoulder strain/sprain, and lumbar spine sprain/strain. Treatments to date have included MRI of cervical spine, caudal epidural steroid injection, physical therapy, Synovisc injection right knee and oral medications. In the PR-2 dated 1/8/15, the injured worker complains of bilateral knee pain, right worse than left. She has pain in right buttock. She has some decreased range of motion in bilateral knees. She has tenderness to palpation of both knees. She is positive for crepitus in both knees. On 1/27/15, Utilization Review non-certified a request for Norco 10/325mg, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/27/15, Utilization Review modified a request for Fexmid 7.5mg., #60 to Fexmid 7.5mg, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: 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): 74-94.

Decision rationale: The patient presents with bilateral knee pain, right worse than left, and pain in the right buttock. The current request is for Norco 10/325 mg, #30. The treating physician's 1/8/15 hand written PR-2 is fairly illegible and states that the patient has decreased range of motion and tenderness to palpation of bilateral knees. The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has not provided a pain assessment with before and after pain scales with opioid usage. There is no discussion regarding any improvement in ADLs or functional improvement. There is no discussion regarding side effects, aberrant behaviors, CURES reports or UDS. The MTUS guidelines require much more thorough documentation regarding ongoing opioid usage. The records provided do not fulfill the criteria regarding continued opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning.

Fexmid 7.5 mg # 60: 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 (for pain) Page(s): 63-66.

Decision rationale: The patient presents with bilateral knee pain, right worse than left, and pain in the right buttock. The current request is for Fexmid 7.5 mg, #60. The treating physician states that the patient has decreased range of motion and tenderness to palpation of bilateral knees. The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004)" "This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)" In this case, the treating physician has not provided documentation as to a failed trial of first-line options for this patient. Furthermore, Fexmid is not recommended longer than 2-3 weeks and the current prescription is for longer than 3 weeks. The current prescription is not written for short term usage as recommended by MTUS. The current request is not medically necessary and the recommendation is for denial.

