MAXIMUS Federal Services

Case Number:	CM15-0022103		
Date Assigned:	02/11/2015	Date of Injury:	07/28/2014
Decision Date:	03/25/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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: District of Columbia, Virginia
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 (IW) is a 55 year old male who sustained an industrial injury on 07/28/2014 in an accident involving a forklift. He has reported multiple injuries and currently complains of increased spasm of the lumbar spine with standing. Diagnoses include thoracic sprain, lumbar sprain, sprain of sacrum, sprain of unspecified site of shoulder and upper arm, rotator cuff syndrome, other affections of shoulder region not elsewhere classified, and sprain of unspecified site of knee and legs, chondromalacia of patella, sprain of unspecified site of elbow and forearm. Recent treatments include use of a back brace, physical therapy acupuncture, and medications. A progress note from the treating provider dated 01/08/2015 indicated the IW was complaining of increased spasm of the lumbar spine with standing. Pain was rated 6 on a scale of 1-10 with 10 being the most severe pain. The pain was described as constant and burning. Examination of the lumbar spine revealed spasm in the bilateral paravertebral muscles with tenderness to palpation in the sacroiliac joint. Straight leg raise increased the low back pain. Treatment plan included Norco for pain medications, Fexmid for a muscle relaxer, and the non-steroidal anti-inflammatory of Naprosyn. On 01/23/2015 Utilization Review non-certified a request for Fexmid 7.5mg 1 po BID #60 noting the medication is not recommended to be used for longer than 2-3 weeks according to the California MTUS. The MTUS, Guidelines were cited. On 01/23/2015 Utilization Review non-certified a request for Norco 5/325mg 1 po every 12 hours PRN #30 noting the medical records failed to document monitoring as described by the guidelines for use of opioids as described by the California MTUS. The MTUS, Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg 1 po BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Opioids Page(s): 64, 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792 Page(s): 41-42, 64.

Decision rationale: Per MTUS: Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004). Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (Dosing: 5 mg three times a day and can be increased to 10 mg three times a day.) This medication is not recommended to be used for longer than 2-3 weeks. Chronic usage of this medication would not be medically indicated.

Norco 5/325mg 1 po every 12 hours PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,94-100.

Decision rationale: Per MTUS: Norco is an opiate. Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet,Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002) This patient did not

experience relief from chronic opiates and this intervention would not be recommended. As such the request is not medically necessary.