MAXIMUS Federal Services

Case Number:	CM15-0211957		
Date Assigned:	10/30/2015	Date of Injury:	12/10/2013
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 62-year-old female who sustained an industrial injury on December 10, 2013. Medical records indicated that the injured worker was treated for low back pain. Her medical diagnoses include lumbar disc disease and lumbar radiculopathy. Portions of the provider notes were illegible. In the provider notes dated August 14, 2015 to September 18, 2015 the injured worker complained of constant, dull sharp aching low back and neck pain and dull sharp aching pain in both shoulders. She relates her back and neck pain 7 to 8 on the pain scale and she rates her shoulder pain 5 to 6 on the pain scale. On exam, the documentation stated that she "remains the same since last exam." She has stress, anxiety, and difficulty sleeping. The documentation states that there was cervical, lumbar and sacroiliac joint paraspinal tenderness. The treatment plan is for medication refills, possible cervical and lumbar spine injections and home exercise program. Previous treatment includes pain medication and bilateral subacromial injections. A Request for Authorization was submitted for Norco 7.5 325 mg #90 and Fixmid 10 mg. The Utilization Review dated October 15, 2015 modified the request for Norco 7.5 325 mg to #60 and noncertified Fixmid 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg # 120: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation fails to support any improvement in pain or functional status despite chronic use of this medication. There is no documentation of any long-term plan or plan to wean off opioids. Not medically necessary.

Fexmid 10mg # 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): Cyclobenzaprine (Flexeril).

Decision rationale: Fexmid is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets is not consistent with short-term use. Fexmid is not medically necessary