

Case Number:	CM15-0031444		
Date Assigned:	02/24/2015	Date of Injury:	06/01/2004
Decision Date:	04/08/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 1, 2004. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve requests for Norco and Fexmid (cyclobenzaprine), referencing an RFA form of January 20, 2015. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant was given a seemingly proscriptive 5-pound lifting limitation. Persistent complaints of shoulder pain were reported. Large portions of the progress note were difficult to follow and not altogether legible. The applicant was not working with said 5-pound lifting limitation in place, it was stated. Twelve sessions of physical therapy were endorsed. The applicant received refills of Norco and Fexmid through preprinted checkboxes, without any explicit discussion of medication efficacy. The applicant had developed ancillary complaints of depression, psychological stress, anxiety, headaches, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. The attending provider's handwritten progress note of January 20, 2015 failed to outline any material improvements in function affected as result of ongoing Norco usage (if any). The attending provider likewise failed to outline any quantifiable decrements in pain affected as result of ongoing medication consumption on that date (if any). Therefore, the request was not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for Fexmid (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is concurrently using Norco, an opioid agent. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Fexmid (cyclobenzaprine) at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary, medically.