

Case Number:	CM15-0034127		
Date Assigned:	03/02/2015	Date of Injury:	11/01/2007
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 53-year-old male, who sustained an industrial injury on November 1, 2007. He has reported a slipping incident resulting in injury. The diagnoses have included osteoarthritis left thumb. Treatment to date has included medications. Currently, the IW complains of left thumb pain. Physical findings are revealed as weakness, and restricted range of motion. On January 27, 2015, Utilization Review non-certified Fexmid 7.5mg; and modified certification of Norco 10/325mg #30. The MTUS guidelines were cited. On February 24, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, and Fexmid 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with severe pain to the left thumb. The request is for Norco 10/325mg qty: 120.00. Patient's diagnosis per Request for Authorization form dated 01/16/15 includes osteoarthritis left thumb. Patient medications include Norco and Fexmid. Per treatment report dated 01/15/15, the patient is to remain off work. MTUS Guidelines pages 88 and 89 states, "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 4A's (analgesia, ADLs, adverse side effects, and adverse 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. Norco has been included in patient's medications per treater reports dated 08/07/14, 11/06/14 and 01/15/15. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Fexmid 7.5mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 01/15/15 progress report provided by treating physician, the patient presents with severe pain to the left thumb. The request is for Fexmid 7.5mg qty: 90.00. Patient's diagnosis per Request for Authorization form dated 01/16/15 includes osteoarthritis left thumb. Patient medications include Norco and Fexmid. Per treatment report dated 01/15/15, the patient is to remain off work. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Fexmid quantity 90 has been prescribed, per treater report dated 01/15/15. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The patient has already been on this medication for almost 2 weeks from the UR date of 01/27/15. Furthermore, the current request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.