

Case Number:	CM15-0050249		
Date Assigned:	03/23/2015	Date of Injury:	03/16/2001
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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 55 year old female who sustained an industrial injury on 3/16/01. The mechanism of injury was not available for review. She currently complains of severe headaches. Medications include Anaprox, OxyContin, Ultram ER, Neurontin, Primidone, Protonix, Cymbalta, Wellbutrin, Ativan, Lidoderm 5%, Baclofen and Norco. Diagnoses are bilateral upper and lower extremity complex regional pain syndrome; spinal cord stimulator; de Quervain's tenosynovitis; lateral epicondylitis; multiple caries due to chronic opioid use; medication induced gastritis; chronic cervicogenic headaches becoming migrainous. Treatments to date include Botulism injection to the cervical and suboccipital regions with significant relief of pain; cervical and lumbar spinal cord stimulator with 50% relief in symptoms; physical therapy; muscle relaxants; stretching exercises; trigger point injections with good relief of pain and increased range of motion. Diagnostics include computed tomography of the brain (6/14/13) unremarkable; lumbar computed tomography (11/22/04) unremarkable and electromyography of the upper extremities (4/9/03) right ulnar motor neuropathy. In the progress note dated 10/3/14 the treating providers plan of care included dispensing of Norco from the office. She uses Norco for breakthrough pain. The provider also notes that the injured worker was able to stop Norco for a time after receiving Botulism toxin but over the past few weeks has had to increase her doses of pain medications. There was no documentation for review citing Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77 of 127.

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

Decision rationale: According to the 10/03/2014 report, this patient "complain of excruciating and debilitating headaches" in the past month. The current request is for Norco 10/325mg #60. This medication was first mentioned in the 09/05/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization and the patient's work status are not included in the file for review. For chronic opiate use, 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 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. Based on the two reports provided for review, the treating physician indicates the patient has "at least 50% pain relief" with the use of the cervical and lumbar spinal cord stimulator. However, the documentation provided for review does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's as required by MTUS. Therefore, the request is not medically necessary and the patient should be slowly weaned per MTUS.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

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

Decision rationale: According to the 10/03/2014 report, this patient "complained of excruciating and debilitating headaches" in the past month. The current request is for Fexmid 7.5mg #60. The request for authorization and the patient's work status are not included in the file for review. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available

records indicates that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Fexmid #60 and it is unknown exactly when the patient initially started taking this medication. Fexmid is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.