

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0058758 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 01/05/2012 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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 52 year old female, who sustained a work/ industrial injury on 1/5/12. She has reported initial symptoms of pain in left shoulder, wrist, hand, right knee and lower back. The injured worker was diagnosed as having cervical/trapezius musculoligamentous sprain/strain and myofascial pain syndrome, multilevel disc desiccation (spondylosis), lumbar musculoligamentous sprain/strain with radiculitis, left shoulder periscapular strain with bursitis, supraspinatus tendinosis and acromioclavicular degenerative joint disease, left elbow sprain/strain with dynamic cubital tunnel syndrome, left wrist sprain/strain, right knee contusion with patellofemoral arthralgias with small joint effusion, small ganglion cyst, mild chondromalacia. Treatments to date included medication, diagnostics, steroid epidural injection at L5-S1, and aquatic therapy. Magnetic Resonance Imaging (MRI) was performed on 7/22/13, 8/6/13, and 10/28/13. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 10/28/13. Currently, the injured worker complains of low back pain radiating to the left greater than right lower extremities around thighs, but occasionally the feet. There was difficulty performing activities of daily living (ADL's). The treating physician's report (PR-2) from 1/28/14 indicated there was tenderness to palpation with hypertonicity over the bilateral paraspinal musculature. Straight leg raise (SLR) test elicits low back pain. Range of motion of the lumbar spine was 30 degrees flexion, 5 degrees extension, 10 degrees left /right bending, and had a slow guarded gait. Treatment plan included Norco, Home Care Assistance, and Fexmid.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg Qty 120 is not medically necessary and appropriate.

Home Care Assistance (Qty duration unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home care assistance.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services, page 52.

Decision rationale: MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no documentation of whether the patient is homebound or what specific deficient performance is evident in activities of daily living. Exam is without clear neurological deficits. The Home Care Assistance (Qty duration unspecified) is not medically necessary and appropriate.

Fexmid 7.5mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated acute change or progressive clinical deficits to warrant long-term use of a muscle relaxant beyond few weeks for this chronic injury. Submitted reports have not documented extenuating circumstances outside guidelines criteria to support for this continued treatment with a muscle relaxant, Fexmid without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks of acute treatment for this chronic injury. The Fexmid 7.5mg Qty 60 is not medically necessary and appropriate.