

Case Number:	CM15-0059659		
Date Assigned:	04/06/2015	Date of Injury:	12/03/2014
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56-year-old male who sustained an industrial injury when he fell into a 5-6 foot hole on December 3, 2014. The injured worker was diagnosed with cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis, bilateral shoulder periscapular strain with impingement, lumbosacral musculoligamentous sprain/strain and post-traumatic head syndrome. Treatment to date included physical therapy, chiropractic therapy, diagnostic testing, muscle relaxants and pain medication. According to the primary treating physician's progress report on March 3, 2015, the injured worker complains of increased low back pain with radiating symptoms to the right lower extremity. The injured worker also reports headaches, memory problems and concentration difficulty. Examination of the lumbar spine reveals tenderness to palpation with muscle spasm over the lumbar paravertebral muscles and sciatic notches. Straight leg raise is positive. Range of motion of the lumbar spine is painful and sensation to light touch and pinprick is decreased along the right L5-S1 dermatome. Current medications are listed as Fexmid and Tylenol #3. Treatment plan consists of magnetic resonance imaging (MRI) for the lumbar spine, ultrasound of the right shoulder, chiropractic therapy to the cervical spine, lumbar spine, bilateral shoulders and the current request for medication refills of Fexmid and Tyleno#3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis; right shoulder strain/impingement; posttraumatic head syndrome; lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; sacrococcygeal contusion/coccydynia; and bilateral shoulder strain last impingement. The injured worker was first seen on January 21, 2015. The treating provider prescribed Fexmid 7.5 mg #60 and Tylenol #3 (30-day supply) #60 and naproxen. A follow-up progress note dated March 3, 2015 showed the injured worker had a VAS pain scale of 5/10 on medications and 7-8/10 without medications. There was no documentation of objective functional improvement with ongoing Fexmid use. Additionally, Fexmid (Flexeril) is indicated for short-term use (less than two weeks) treatment of acute low back pain when acute exacerbation in chronic low back pain. The treating provider exceeded the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with objective functional improvement and exits of the recommended guidelines for short-term (less than two weeks) use, Fexmid 7.5 mg #60 is not medically necessary.

Tylenol #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended

in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis; right shoulder strain/impingement; posttraumatic head syndrome; lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis; sacrococcygeal contusion/coccydynia; and bilateral shoulder strain last impingement. The injured worker was first seen on January 21, 2015. The treating provider prescribed Fexmid 7.5 mg #60 and Tylenol #3 (30-day supply) #60 and naproxen. A follow-up progress note dated March 3, 2015 showed the injured worker had a VAS pain scale of 5/10 on medications and 7-8/10 without medications. There was no documentation of objective functional improvement with ongoing Tylenol #3. Consequently, absent compelling clinical documentation with objective functional improvement with ongoing Tylenol #3 to gauge its ongoing efficacy, Tylenol #3, #60 is not medically necessary.