

Case Number:	CM15-0083576		
Date Assigned:	05/29/2015	Date of Injury:	08/03/2013
Decision Date:	06/25/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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 (IW) is a 34 year old male who sustained an industrial injury on 08/03/2013. The injured worker states while pushing an object of approximately 45 pounds in weight over his head at work, he experienced a sharp pain in the lower back, neck and left shoulder. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain/strain with left greater than right sacroiliac joint radiofrequency sprain with left lower extremity numbness and tingling. Six mm L5-S1 disc protrusion and no abutment per MRI scan dated 04/23/2014; Left shoulder sprain/strain impingement syndrome tendinosis of the rotator cuff, per MRI scan dated 05/23/2014; Bilateral knee sprain, patellofemoral arthralgia left knee, posterior horn medial meniscus and posterior horn lateral meniscus tear, right knee post-horn medial meniscus per MRI scan dated 04/30/2014; Bilateral elbow medial lateral epicondylitis, bilateral wrist sprain with deQuervain's; Cervical spine musculoligamentous sprain/strain C3-C5 disc bulge per MRI scan dated 04/21/2014; Bilateral ankle/foot sprain. Treatment to date has included injections to the left shoulder, and injections to the left knee, acupuncture, and physical therapy. He also has received oral medications for pain and muscle spasm. Currently, the injured worker complains of bilateral knee popping and giving way, left side greater than right. He also complains of left lower back pain with movement. Examination of the lumbar spine reveals tenderness to palpation over the sacroiliac joints bilaterally, and paravertebral musculature, left side greater than right. Straight leg raising test is negative. Active range of motion of the lumbar spine is: Flexion 22 degrees, extension 14 degrees, right side bending 18 degrees, and left side bending 16 degrees. The left

shoulder has tenderness to palpation over the subacromial region, acromioclavicular joint, and supraspinatus tendon. Tenderness to palpation is also present over the left levator scapulae muscles with palpable twitch and radiating symptoms. Impingement test is positive. The treatment plan includes requests for authorization for: 1 Ultrasound Guided Trigger Point injection for the left Levator Scapulae Muscles, Fexmid 7.5 mg, #60, Ultram 150mg, #30, and 8 Sessions of Chiropractic Treatment.

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.

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Fexmid 7.5 mg, #60 is not medically necessary and appropriate.

Ultram 150mg, #30: Upheld

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

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 Ultram 150mg, #30 is not medically necessary and appropriate.