

Case Number:	CM15-0086807		
Date Assigned:	05/11/2015	Date of Injury:	06/30/2000
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 6/30/00. He reported pain in his lower back and left shoulder. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy and left shoulder impingement. Treatment to date has included a home exercise program, Fexmid, Ultram, Norco, Nalfon and topical NSAIDs. As of the PR2 dated 3/23/15, the injured worker reports low back pain radiating down his left leg and also left shoulder pain. He rates his pain 8/10 without medications and 5-6/10 with medications. Objective findings include a positive Hawkin's test in the left shoulder, a positive straight leg raise test at 20 degrees on the left and decreased range of motion in the lumbar spine. The treating physician requested Fexmid 7.5mg #120, Nalfon 400mg #90 and Paxil 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Cyclobenzaprine) 7.5mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs and PT have failed. The chronic treatment with muscle relaxants can result in the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient had utilized Fexmid longer than the guidelines recommended maximum limit of 4 to 6 weeks. The patient is also utilizing sedative and psychiatric medications concurrently. The criteria for the use of Fexmid-cyclobenzaprine 7.5mg #120 was not met. Therefore the request is not medically necessary.

Nalfon (Fenoprofen) 400mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the OD guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can result in the development of renal, cardiac and gastrointestinal complications. The records show that the patient reported significant pain relief and functional restoration with utilization of medications. There is no report of adverse effects. The criteria for the use of Nalfon 400mg #90 was met. Therefore the request is medically necessary.

Paxil (Paroxetine Hydrochloride) 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic pain patients with psychosomatic disorders be treatment with anticonvulsants mood stabilizers and antidepressant medications. The presence of significant uncontrolled psychiatric disorders can be associated with the development of medication non compliance, adverse drug interactions, addiction, dependency and decreased efficacy of surgery and interventional treatments. The records indicate a diagnosis of psychosomatic disorders. The criteria for the treatment with Paroxetine (Paxil) 20mg #60 was met. Therefore the request is medically necessary.