

<b>Case Number:</b>	CM15-0087302		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/24/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old female who sustained an industrial injury on 05/24/2014 when a shopping cart overturned and fell on her left leg. The injured worker was diagnosed with chronic low back pain, lumbar degenerative disc disease and radicular symptoms to the right buttock and leg, sciatica, lumbago, lumbar sprain, lumbosacral spondylosis without myelopathy, trochanteric bursitis and tendinitis. Treatment physical therapy, chiropractic therapy, home exercise program and medications. According to the primary treating physician's progress report on March 26, 2015, the injured worker continues to experience low back pain radiating to the right lower extremity. The injured worker rates her pain level at 6/10. Examination of the lumbar spine demonstrated decreased lumbar flexion due to pain, decreased extension due to facet loading pain and positive straight leg raise on the right. Palpation of the bilateral quadratus lumborum and erector spinae muscles revealed spasm and twitching with point tenderness. Sacroiliac (SI) joints were non-tender. Patrick's test was negative. Motor and sensory were intact. Current medications are listed as Fexmid, Hysingla ER, Ibuprofen, and topical analgesics. Treatment plan consists of urine drug screening and the current request for Fexmid 7.5mg #90 and Hysingla ER 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The injured worker sustained a work related injury on 05/24/2014. The medical records provided indicate the diagnosis of chronic low back pain, lumbar degenerative disc disease and radicular symptoms to the right buttock and leg, sciatica, lumbago, lumbar sprain, lumbosacral spondylosis without myelopathy, trochanteric bursitis and tendinitis. Treatment physical therapy, chiropractic therapy, home exercise program and medications. The medical records provided for review do not indicate a medical necessity for Fexmid 7.5mg #90. Fexmid is a muscle relaxant dose at 5 -10 mg three times a day, for not longer than 2-3 weeks. The non-sedating muscle relaxants are recommended as an option for the short term treatment of acute exacerbation of chronic back pain. The records indicate the injured worker has been on muscle relaxants since 09/2014. The requested treatment exceeds the recommended not more than 2-3 weeks of treatment. Therefore the request is not medically necessary.

**Hysingla ER 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Hysingla (hydrocodone).

**Decision rationale:** The injured worker sustained a work related injury on 05/24/2014. The medical records provided indicate the diagnosis of chronic low back pain, lumbar degenerative disc disease and radicular symptoms to the right buttock and leg, sciatica, lumbago, lumbar sprain, lumbosacral spondylosis without myelopathy, trochanteric bursitis and tendinitis. Treatment physical therapy, chiropractic therapy, home exercise program and medications. The medical records provided for review do not indicate a medical necessity for Hysingla ER 30mg #30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Hysingla ER (hydrocodone bitartrate), an extended-release (ER) opioid analgesic to treat pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Official Disability Guidelines does not recommend it for first line use. The medical records indicate the injured worker has been on treatment with opioids since 09/2014 without overall improvement. The injured worker is not properly monitored for pain relief, activities of daily living, and aberrant behavior. Therefore the request is not medically necessary.