

Case Number:	CM14-0115520		
Date Assigned:	08/04/2014	Date of Injury:	10/04/2002
Decision Date:	10/14/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old female who reported an injury on 10/04/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post L5-S1 anterior posterior interbody fusion, lumbar facet arthropathy at the L3-4 and L4-5, irritable bowel syndrome, posterior fusion hardware removal, and cervical spine strain. Past medical treatment consists of surgery, spinal cord stimulator, physical therapy, medication therapy, lumbar epidural steroid injection. Medications include Norco, Fexmid, Neurontin, Xanax, Bentyl, medical marijuana, Librium, naproxen. The injured worker has undergone MRIs of the lumbar spine, EMGs of the lower extremities, and proactive discograms. On 03/17/2006, the injured worker underwent anterior fusion. On 07/23/2009, the injured worker underwent a fusion hardware removal. On 06/05/2014, the injured worker complained of lower back pain. Examination of the lumbar spine revealed muscular tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender with taut bands throughout the lumbar paraspinal muscles. There was also decreased range of motion in the lumbar spine. It was noted that the injured worker had a flexion of 45 degrees, extension of 15 degrees, lateral left bend of 20 degrees, and lateral right bend of 20 degrees. Lower extremity motor testing revealed that the knee flexion, knee extension, ankle flexion, ankle extension, and great toe extension were 5/5 on the right and 4+/5 on the left. Sensory examination with the use of Wartenberg pinwheel revealed decreased sensation along the posterolateral thigh and posterolateral calf on the left in the approximate L5-S1 distribution in comparison to the right. Medical treatment plan is for the injured worker to continue the use of medication. The rationale Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64,78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Fexmid) Page(s): 41.

Decision rationale: The request for Fexmid 7.5 mg is not medically necessary. The California MTUS Guidelines recommend Fexmid as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker had been prescribed Fexmid since at least 06/05/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review to warrant the continuation of the medication. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Norco 10/325mg 1/2-1 tablet daily PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 is not medically necessary. The California MTUS Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Guidelines also state that there should be an indication as to what pain levels were before, during, and after medication was administered via VAS. The submitted documentation did not indicate that the injured worker benefitted from the use of the Norco. Additionally, the efficacy of the medication was not submitted for review and there was no indication as to whether the medication was helping with any functional deficits. On 01/16/2014, a drug screen was submitted for review indicating that the injured worker was in compliance with her medications. However, there was no assessment submitted for review indicating what her pain levels were before, during, and after medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.