

<b>Case Number:</b>	CM14-0140853		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/11/2001
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Family Medicine 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 57-year old female who had date of injury of 07/11/01. The mechanism of injury was not described. Per the submitted clinical records the injured worker was status post anterior cervical disectomy fusion, right carpal tunnel release on 10/21/08, and left carpal tunnel release on 04/29/09. The injured worker has chronic cervical and low back pain. She underwent urine drug screen on 05/13/14 which was positive for Norco. Most recent physical examination was dated 08/11/14. She has complaints of low back pain graded as 7/10. On physical examination of the cervical spine there was tenderness to palpation and decreased range of motion. On physical examination of the lumbar spine there was tenderness to palpation with decreased range of motion. No other substantive objective findings were documented. A utilization review determination dated 08/20/14 non-certified the request for Norco 10 325mg #100 with three refills, Flexeril 10mg #60 with three refills, Nexium 40mg #30 with three refills, and Lidoderm patch 5% #30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #100 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The submitted clinical records indicate that the injured worker underwent anterior cervical disectomy fusion and bilateral carpal tunnel releases. She has subjective reports of chronic pain. The most recent physical examination does not provide any objective data indicating the injured worker requires opiate medications for pain control. In addition to this the record provides no clinical documentation indicating that the injured worker has a signed pain management contract or that these medications result in functional benefit. As such, the injured worker would not meet criteria per California Medical Treatment Utilization Schedule for continued use of this medication. Therefore, The request for Norco 10 325 #100 with three refills is not supported as medically necessary.

**Flexeril 10mg #60 with 3 refills:** 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 Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The submitted clinical records indicate that the injured worker has chronic subjective complaints of pain not supported by the limited physical examination provided. The records failed to establish the presence of active myospasm for which this medication would be clinically indicated and therefore continued use is not supported as medically necessary. Therefore, the request for Flexeril 10mg #60 with three refills is not supported as medically necessary.

**Nexium 40mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitor.

**Decision rationale:** The submitted clinical records provide no subjective information indicating that the injured worker has medication induced gastritis for which this medication would be clinically indicated. As such, medical necessity is not established. The request for Nexium 40mg #30 with three refills is not supported as medically necessary.

**Lidoderm 5% patch #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** The submitted clinical records indicate that the injured worker has chronic complaints of myofascial pain. The submitted physical examination and clinical records do not provide any data which establishes that the injured worker has previously been trialed on other medications prior to use of Lidoderm. There is no information establishing the use of Lidoderm results in any functional improvements. As such, the request for Lidoderm patch 5% #30 with three refills is not supported as medically necessary.