

Case Number:	CM14-0160335		
Date Assigned:	10/06/2014	Date of Injury:	10/12/2013
Decision Date:	11/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/30/2014

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 underlying date of injury in this case is 10/12/2013. The date of the Utilization Review under appeal is 9/5/2014. The patient's treating diagnoses include a cervical strain with bilateral upper extremity radicular symptoms, left shoulder impingement with acromioclavicular joint degenerative arthritis, bilateral wrist tendinitis. The primary treating physician followup note on 8/22/2014 is handwritten and partially legible. The patient was noted to have tenderness to palpation in multiple affected areas with negative Finkelstein sign bilaterally and positive shoulder impingement bilaterally. The plan included continuation of pharmacological management including Norco and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the

four A's of opioid management, discussing the importance of documented functional benefit from opioids and screening for potential aberrant behavior. The medical records do not contain such detail of the four A's of opioid management. Overall, the records and guidelines do not support an indication for continuing opioid use in this chronic setting. This request is not medically necessary.

Fexmid 7.5mg #60 x2 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 (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants page 63 states regarding Fexmid that this is recommended for a short course of therapy and that limited, mixed evidence does not allow for a recommendation for chronic use. The medical records do not provide a rationale as to why this medication would be indicated as an exception in the current chronic phase. This request is not medically necessary.